

Biennial Report to Congress

FY 2017

The Status of Children in Head Start



ADMINISTRATION FOR
CHILDREN & FAMILIES

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I. Executive Summary

Head Start prepares the most vulnerable young children to succeed in school and in life beyond school. To achieve this, Head Start programs deliver services to children and families in core areas of early learning, health, and family well-being while engaging parents as partners every step of the way. Head Start encompasses Head Start preschool programs, which primarily serve 3- and 4-year-old children, and Early Head Start programs for infants, toddlers, and pregnant women. Head Start programs are located in all 50 states; DC; U.S. Territories of Puerto Rico, U.S. Virgin Islands, Northern Mariana Islands, Guam, and American Samoa; and the Republic of Palau.

[Section 650\(a\) of the Head Start Act](#)¹ (the Act), as amended, requires the Secretary of Health and Human Services to submit a report to Congress on the status of children in Head Start at least once during every 2-year period. *Biennial Report to Congress, Fiscal Year 2017*, was prepared in accordance with the Act and presents information on the status of children in Head Start during fiscal year (FY) 2017.

A summary of the information contained in this report is outlined below. Please note that the information under “Funding” and “Research” includes the 74 awards made in March 2017 for new Early Head Start (EHS) Expansion and Early Head Start-Child Care Partnership (EHS-CCP) Grants. Other sections containing information on the delivery of program services (i.e., “Population Served,” “Staff, Volunteers, and Parents,” and “Health Services”) do not include these grant awards since they were awarded in the middle of FY 2017 and most grantees were undergoing start-up activities shortly after the award was made. All figures are rounded except for those on funding.

Funding

- In FY 2017, Head Start expended a total of \$9,553,982,240 and of this amount, \$9,227,617,497 was awarded directly to agencies. This includes carryover due to the availability of funding from the amounts appropriated to increase program hours and to award EHS Expansion and EHS-CCP grants (e.g., FY 2016 EHS Expansion and EHS-CCP funding was available for obligation until March 31, 2017).
- In FY 2017, the total annual funding for base program operations awarded to grantees was \$8,877,416,690 and the total training and technical assistance funds awarded to grantees was \$122,896,185. These amounts do not include carryover.
- In FY 2017, 1,574 grantees were funded to provide direct services for a total funded enrollment of 899,374.

¹ <https://eclkc.ohs.acf.hhs.gov/policy/head-start-act/sec-650-reports>

- Of the 1,574 grantees, 500 were funded to operate only Head Start preschool (HS) programs, 207 to operate only EHS programs, and 867 to operate both HS and EHS programs.
- The national average cost per child was \$9,871.

Population Served

- Head Start cumulatively served 1,058,800 children and 15,300 pregnant women.
- Of the children enrolled in Head Start, 31,300 (3.0 percent) were in foster care at one point during the program year.
- Head Start enrolled 52,900 children from 49,000 homeless families (5.0 percent of the total children and families served). Of these families, 33.6 percent (16,500 families) acquired housing during the program year.
- A total of 105,000 enrolled preschool children had an Individualized Education Program (IEP) representing 12.6 percent of enrolled preschool children.
- Approximately 28,100 infant and toddlers had an Individualized Family Service Plan (IFSP) representing 12.5 percent of enrolled infant and toddlers.

Staff, Volunteers, and Parents

- In 2017, there were a total of 259,100 Head Start staff and contracted staff; of these, 58,300 current or former Head Start parents (22.5 percent) worked as paid Head Start staff.
- Nationally, 1,086,400 individuals volunteered in Head Start; of these, 769,600 volunteers (70.8 percent) were current or former Head Start parents.
- In 2017, 271,700 fathers/father figures participated in a program activity that involved their child's Head Start child development experiences such as a home visit or parent-teacher conference. Additionally, 24,100 fathers/father figures participated in the governance structure of their program.
- In 2017, 42,700 teachers were instructing in preschool classrooms and of these, 73.4 percent of all preschool classroom teachers possessed a bachelor's or advanced degree in Early Childhood Education, or related field with experience teaching preschool.
- In 2017, 13.5 percent of total staff or contracted staff left their positions. Of the 13.5 percent, 72.7 percent of the staff were replaced within the same year.

Health Services

- Of the 89,500 children in need of medical treatment, 91.9 percent (82,200 children) received needed treatment by the end of the program year.

- At the beginning of enrollment, only 60.8 percent (644,100) of children served were up-to-date according to their state’s Early and Periodic Screening, Diagnostic and Treatment (EPSDT) schedule. At the end of enrollment, 83.0 percent (878,400) of all children served were up-to-date and completed medical screenings, including all tests and physical examinations.
- At the end of the program year, 95.7 percent (1,013,200) of children were up-to-date with immunizations, had all possible immunizations to date, or were exempt from immunizations in accordance with state guidelines.
- Of the 684,400 children enrolled in Head Start preschool programs who had an oral health exam, 17.0 percent required dental treatment; and, 73.6 percent received or were receiving the treatment required.

Research

- Head Start research over the past decade has provided valuable information not only for guiding program improvements in Head Start itself, but also for the larger field of early childhood programming and development. Through numerous grants and contracts, the Head Start research portfolio includes:
 - experimental impact evaluation;
 - evaluations of innovative practice;
 - process and implementation evaluations; and
 - descriptive and theory-building research.
- Various reports and briefs released in 2016 and 2017 are available at <https://www.acf.hhs.gov/opre>.

II. Introduction

The Office of Head Start (OHS) is pleased to submit this report pursuant to [section 650\(a\) of the Head Start Act](#)² (the Act), as amended. This section requires the Secretary of Health and Human Services (HHS) to submit a report to Congress on the status of children in Head Start at least once during every 2-year period. Information included in this report was gathered from fiscal year (FY) 2017, which encompasses program year 2016-2017.

Terms and Abbreviations for Program Types

For the purposes of this report, the following table describes the terms and abbreviations used for the types of programs in Head Start. For example, the term “Head Start” includes both preschool-age children and infants and toddlers while the abbreviation “HS” only encompasses program services for preschool-age children. Note that Appendices B–D display existing documents that do not adhere to these standards.

Program	Program Scope	Abbreviation
Head Start	All program services.	<i>Not Abbreviated</i>
Head Start preschool	Program services for preschool-age children before entry to kindergarten, primarily 3- and 4-year-olds.	HS
Early Head Start	Program services for infants, toddlers, and pregnant women. Unless otherwise specified or separated, this includes Early Head Start Expansion and Early Head Start Child-Care Partnerships.	EHS
Unless otherwise specified or separated, the terms “Head Start,” “HS,” and “EHS” include age-relevant services from American Indian/Alaska Native (AIAN) and Migrant and Seasonal Head Start (MSHS) programs.		
American Indian and Alaska Native	All services funded under American Indian and Alaska Native programs.	AIAN
American Indian and Alaska Native Head Start	Services funded under American Indian and Alaska Native programs for preschool-age children, primarily 3- and 4-year-olds.	AIAN HS

² <https://eclkc.ohs.acf.hhs.gov/policy/head-start-act/sec-650-reports>

American Indian and Alaska Native Early Head Start	Services funded under American Indian and Alaska Native programs for infants, toddlers, and pregnant women.	AIAN EHS
Migrant and Seasonal Head Start	All services funded under Migrant and Seasonal Head Start programs.	MSHS

About Head Start

Head Start promotes the school readiness of the most vulnerable young children through programs operated by agencies in their local communities. Head Start programs deliver services to children and families in core areas of early learning, health, and family well-being while engaging parents as partners every step of the way. These services support the mental, social, and emotional development of children from birth to school entry. Head Start encompasses Head Start preschool (HS) programs, which primarily serve 3- and 4-year-old children, and Early Head Start (EHS) programs for infants, toddlers, and pregnant women. EHS programs are available to the family until the child turns 3 years old and is ready to transition into a HS program or another pre-K program. Head Start programs are located in all 50 states; DC; U.S. Territories of Puerto Rico, U.S. Virgin Islands, Northern Mariana Islands, Guam, and American Samoa; and the Republic of Palau.

Since Head Start's inception in 1965, Head Start has provided high-quality, comprehensive services to more than 35 million children and their families. During program year 2016-2017, Head Start served 1,058,800 children and 15,300 pregnant women. Head Start programs are dedicated to serving the most vulnerable young children and almost all live at or below the poverty line. In 2017, the poverty line for a three-person family was \$20,420 (see <https://aspe.hhs.gov/prior-hhs-poverty-guidelines-and-federal-register-references>).

Head Start grants are awarded to local public and private for-profit and nonprofit agencies by the Administration for Children and Families (ACF). Head Start programs are responsive to each child and family's ethnic, cultural, and linguistic heritage. In FY 2017, 1,574 grantees provided direct services to children and families. Of these, 500 were funded to operate only HS programs, 207 to operate only EHS programs, and 867 to operate both HS and EHS. Additionally, 74 of the 1,574 grantees received a newly funded EHS Expansion and Early Head Start-Child Care Partnerships (EHS-CCP) Grant in March 2017.

About the Program Information Report

Each year, programs are required to submit a Program Information Report (PIR) on the services they have provided to children and families throughout the program year, including child, family, and staff demographics and program characteristics. A copy of the PIR form, detailed reports, and access to data sets for the 2017 PIR and prior years are available at <https://eclkc.ohs.acf.hhs.gov/hslc/data/pir>.

About EHS Expansion and EHS-CCP Grants

Since FY 2014, the Head Start appropriation has included funding for EHS Expansion and EHS-CCP grants. This funding has allowed grantees to expand access to meet the needs for infant and toddler care in their communities through traditional EHS programs or through partnerships with center-based and family childcare providers who agree to meet the Head Start Program Performance Standards (HSPPS) with funding and technical assistance from the EHS program. While the latter approach was permissible under the Head Start Act, it was not as frequently used prior to this targeted expansion. ACF awarded 275 EHS Expansion and EHS-CCP grants with the first round of funding received in FY 2014 (\$500 million) to support services to approximately 32,000 children and families each year. The FY 2016 appropriation included an additional \$135 million, which supported a cost-of-living adjustment for the first round grantees and an additional 74 grants that were awarded in March 2017 to provide high-quality EHS services for approximately 7,000 additional children and families. The FY 2017 appropriation continued to support these grants.

The 74 EHS Expansion and EHS-CCP Grants that were awarded in March 2017 are only included throughout this report for information on funding amounts, funded enrollment, and research. Other information on program services (e.g., cumulative enrollment, demographics, family services, health services, and staff qualifications) for these grants are not included in this report since these grants were funded in the middle of the 2016-2017 program year and start-up activities shortly followed. These grants were not required to submit a 2016-2017 PIR.

About the Head Start Program Performance Standards

The HSPPS define standards and minimum requirements for the entire range of Head Start services. They apply to both HS and EHS programs. They serve as the foundation for Head Start's mission to deliver comprehensive, high-quality, individualized services.

ACF published a Final Rule on September 6, 2016, revising the HSPPS to strengthen and improve the quality of Head Start programs. The streamlined standards were the first comprehensive revision of the HSPPS since they were originally published in 1975.

The HSPPS reflect best practices and the latest research on early childhood development and brain science. They give grantees flexibility in achieving positive child and family outcomes, and encourage the use of data to track progress and reach goals in all program areas.

About FY 2017 Monitoring

Ongoing monitoring is conducted to assess grantee compliance with requirements governing Head Start grants to confirm that all grantees are meeting the high-quality performance standards of Head Start.

OHS significantly modified the FY 2017 review schedule to provide opportunities for the Head Start community to implement the new HSPPS and for OHS to refine its system to monitor the new HSPPS.

About Head Start Research

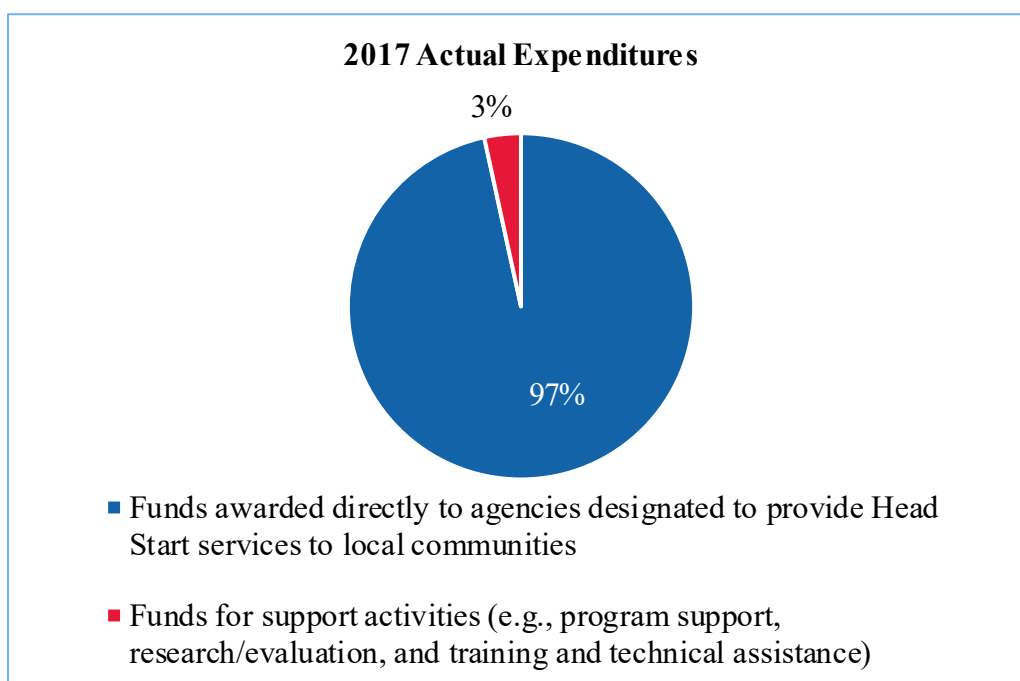
Head Start plays an important role as a national laboratory for early childhood development programs. Head Start has attracted an extensive network of highly accomplished research and practice partners who strive to improve the quality of Head Start and Early Head Start programs, and the field in general, through extensive, empirical research.

III. Response to Section 650(a) of the Head Start Act

This section of the report responds to Section 650(a) of the Act.

650(a)(1) A statement for the most recently concluded fiscal year specifying—
(A) The amount of funds received by Head Start agencies designated under section 641 to provide Head Start services in a period before such fiscal year;

In FY 2017, Head Start expended a total of \$9,553,982,240. Of this amount, \$9,227,617,497 was awarded directly to agencies designated to provide Head Start services in local communities. This includes grant funding to support transitions from the Designation Renewal System (DRS).



(B) The amount of funds received by Head Start agencies newly designated under section 641 to provide such services in such fiscal year;

In FY 2017, funding for Head Start agencies newly designated by a new grant totaled \$1,793,869,338 through 438 grants. New grants include grants with a project period start date during FY 2017. This would include all EHS Expansion and EHS-CCP grants awarded in March 2017.

650(a)(2) A description of the distribution of Head Start services relative to the distribution of children who are eligible to participate in Head Start programs,

including geographic distribution within states, and information on the number of children served under this subsection, disaggregated by type of eligibility criterion;

Please see Appendix A for the list of Head Start-funded enrollment within states in FY 2017.

650(a)(3) A statement identifying how funds made available under section 640(a) were distributed and used at national, regional and local levels;

Funds allocated under section 640(a) were used for the following purposes in FY 2017 as shown in the FY 2019 Justification of Estimates for Appropriations Committees³.

FY 2017 Actual Expenditures with Carryover	
Purpose	Amount
Service grants	\$9,202,695,255
Training/technical assistance	\$223,705,793
Designation renewal system transition funding	\$24,922,242
Research/evaluation	\$23,857,182
Program support	\$36,985,421
Monitoring support	\$41,816,347
Total	\$9,553,982,240

Program support includes funding for information technology support; contract fees; grant paneling; salaries, benefits, and associated overhead for the EHS-CCP program; and monitoring, the last of which is capped at \$42 million in the Head Start Act.

As authorized under section 640(a)(2)(D) and including funds appropriated for administration and evaluation activities from EHS Expansion and EHS-CCP funding, the FY 2017 actual expenditures for research, demonstration, and evaluation projects totaled \$23,857,182.

Carryover in FY 2017 Actual Expenditures

FY 2017 includes about \$283 million carried over from FY 2016 before the separate funding to increase program hours was rolled into the base Head Start appropriation in FY 2017. It also includes about \$124 million carried over from FY 2016 for EHS Expansion and EHS-CCP

³ https://www.acf.hhs.gov/sites/default/files/olab/acf_master_cj_acf_final_3_19_0.pdf

programs. Additionally, about \$78 million will be carried over from FY 2017 for EHS Expansion and EHS-CCP programs into FY 2018. Carryover is significant in FY 2017 due to the availability of funding from the amounts appropriated to increase program hours and to award EHS Expansion and EHS-CCP grants. For example, the FY 2016 EHS Expansion and EHS-CCP funding was available for obligation until March 31, 2017.

Due to carryover between FY 2016 and FY 2018, the remainder of this report will use annualized funding amounts for FY 2017. This approach better displays how funding is distributed and used at national, regional, and local levels on an annual basis.

In FY 2017, the total annual funding for base program operations to grantees was \$8,877,416,690 (not including carryover). The distribution of base program operations funding by region is shown in the following table. See <https://www.acf.hhs.gov/oro/regional-offices> for an unabbreviated list of states and territories served by ACF region. See Appendix B for annual base program operations and funded enrollment by state.

FY 2017 Annual Base Program Operations Funding by Region		
Region	Base Program Operations	Funded Enrollment
Region I – CT, MA, ME, NH, RI, VT	\$308,591,422	27,063
Region II – NJ, NY, PR, VI	\$1,020,822,813	99,612
Region III – DC, DE, MD, PA, VA, WV	\$654,200,966	73,873
Region IV – AL, FL, GA, KY, MS, NC, SC, TN	\$1,564,725,926	171,078
Region V – IL, IN, MI, MN, OH, WI	\$1,361,342,654	144,107
Region VI – AR, LA, NM, OK, TX	\$1,079,364,971	125,453
Region VII – IA, KS, MO, NE	\$349,147,113	34,687
Region VIII – CO, MT, ND, SD, UT, WY	\$256,263,304	25,326
Region IX – AZ, CA, HI, NV, GU, MP, AS	\$1,365,984,482	115,056
Region X – AK, ID, OR, WA	\$280,227,916	29,367
Region XI – AIAN	\$253,735,800	23,108
Region XII – MSHS	\$383,009,323	30,644
TOTAL	\$8,877,416,690	899,374

Training and technical assistance (T/TA) funds made available under section 640(a)(2)(C) in FY 2017 totaled \$221,402,061 (not including carryover). Of these funds, \$122,896,185 (55.5 percent) was awarded directly to Head Start grantees to allow grantees to purchase their

own T/TA services. The distribution of T/TA allocations directly to grantees by region is shown below.

FY 2017 Annual T/TA Funding Directly to Grantees by Region	
Region	Amount
Region I – CT, MA, ME, NH, RI, VT	\$4,164,424
Region II – NJ, NY, PR, VI	\$13,398,114
Region III – DC, DE, MD, PA, VA, WV	\$9,655,812
Region IV – AL, FL, GA, KY, MS, NC, SC, TN	\$22,473,067
Region V – IL, IN, MI, MN, OH, WI	\$18,539,584
Region VI – AR, LA, NM, OK, TX	\$15,771,716
Region VII – IA, KS, MO, NE	\$5,117,797
Region VIII – CO, MT, ND, SD, UT, WY	\$3,826,398
Region IX – AZ, CA, HI, NV, GU, MP, AS	\$15,873,932
Region X – AK, ID, OR, WA	\$3,854,773
Region XI – AIAN	\$4,148,640
Region XII – MSHS	\$6,071,928
Total	\$122,896,185

Funds not awarded directly to grantees were used to support a variety of T/TA efforts including six national T/TA centers that provide the cornerstone of Head Start’s T/TA System, state T/TA contracts, training special populations, and activities designed to improve grantee performance.

650(a)(4) A statement specifying the amount of funds provided by the state, and by local sources, to carry out Head Start programs;

Head Start grantees are required to generate, from non-federal sources, 20 percent of their total Head Start budget. The total federal funding for base program operations in FY 2017 was \$8,877,416,690. The non-federal share requirement on this amount was \$2,219,354,173. Grantees rely on many funding sources to generate this match including state or local government funding, private or corporate donations (e.g., monetary and supplies), and volunteer services. This non-federal share requirement is met by each grantee unless a non-federal share waiver request is approved. When making determinations on the approval of waiver requests submitted by Head Start grantees for some or all of the required non-federal share amount, the following are taken into consideration per section 640(b) of the Act: (1) the lack of resources

available in the community that may prevent the Head Start agency from providing all or a portion of the non-federal contribution; (2) the impact of the cost to the Head Start agency during the initial years; (3) the impact of an unanticipated increase in the cost to the Head Start agency to operate the Head Start program; (4) whether the Head Start agency is located in a community adversely affected by a major disaster; and (5) the impact on the community that would result if the Head Start agency ceased to operate the Head Start program.

About 280 grantees had a non-federal share waiver request approved during their FY 2017 budget period primarily due to lack of resources in their community. Additionally, there were grantees that requested a waiver in response to a natural disaster (e.g., Hurricane Maria) or since they were undergoing start-up activities for a newly awarded grant. The majority of the approved waiver requests were for less than half of their non-federal share required amount.

650(a)(5) Cost per child and how such cost varies by region;

Cost per child is calculated as base program operations divided by the total number of funded slots. The national average cost per child in FY 2017 was \$9,871. The variation in cost per child is attributed to several factors, such as the type of program model offered, the age of children served, staffing patterns, the availability of non-federal support, and differences in the cost of living. Funds are allocated to states in an equitable fashion as required by the statutory formula.

FY 2017 Average Cost per Child by Region	
Region	Average
Region I – CT, MA, ME, NH, RI, VT	\$11,403
Region II – NJ, NY, PR, VI	\$10,248
Region III – DC, DE, MD, PA, VA, WV	\$8,856
Region IV – AL, FL, GA, KY, MS, NC, SC, TN	\$9,146
Region V – IL, IN, MI, MN, OH, WI	\$9,447
Region VI – AR, LA, NM, OK, TX	\$8,604
Region VII – IA, KS, MO, NE	\$10,066
Region VIII – CO, MT, ND, SD, UT, WY	\$10,119
Region IX – AZ, CA, HI, NV, GU, MP, AS	\$11,872
Region X – AK, ID, OR, WA	\$9,542
Region XI – AIAN	\$10,980
Region XII – MSHS	\$12,499
National Average	\$9,871

Notes for Remainder of Report

The 74 EHS Expansion and EHS-CCP Grants that were awarded in March 2017 are only included throughout this report for information on funding amounts, funded enrollment, and research. The sections that follow on program services (e.g., cumulative enrollment, demographics, family services, health services, and staff qualifications) do not include these grants since they were funded in the middle of the 2016-2017 program year and start-up activities shortly followed. These grants were not required to submit a 2016-2017 PIR.

Additionally, there are slight differences from the funded enrollment reported above and funded enrollment reported in the PIR. In the PIR, programs may include enrollees receiving comprehensive services that meet Head Start standards that are fully funded through non-federal sources such as the state or local school district or enrollees funded through the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program that follow the EHS home-visiting model. These enrollees account for less than 3 percent of funded enrollment reported in the PIR. Additionally, if changes were made to a program's funded enrollment during the year, then a program has more flexibility in how they report those changes in the PIR.

650(a)(6) A description of the level and nature of participation of parents in Head Start programs as volunteers and in other capacities;

Head Start Families and Parents as Volunteers and Staff

- In 2017, there were a total of 976,400 families served by Head Start programs.
- Nationally, 1,086,400 individuals volunteered in Head Start; of these, 769,600 volunteers (70.8 percent) were current or former Head Start parents.
- In 2017, there were a total of 259,100 Head Start staff and contracted staff; of these, 58,300 current or former Head Start parents (22.5 percent) worked as paid Head Start staff.

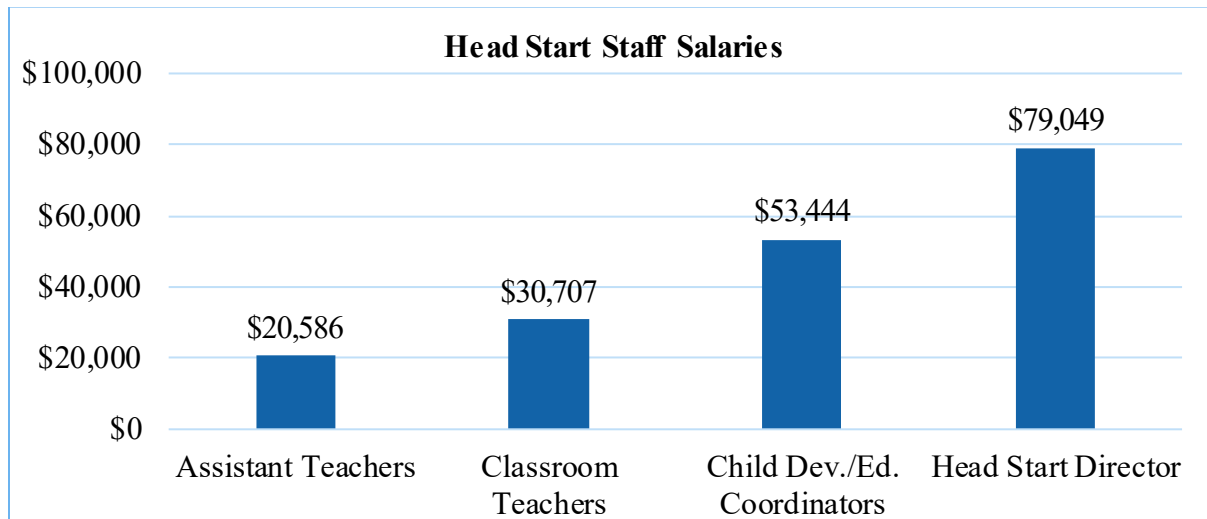
Father Involvement

- In 2017, 271,700 fathers/father figures participated in a program activity that involved their child's Head Start child development experiences, such as a home visit or parent-teacher conference. Additionally, 24,100 fathers/father figures participated in the governance structure of their program.

650(a)(7) Information concerning Head Start staff, including salaries, education, training, experience, and staff turnover;

Salaries

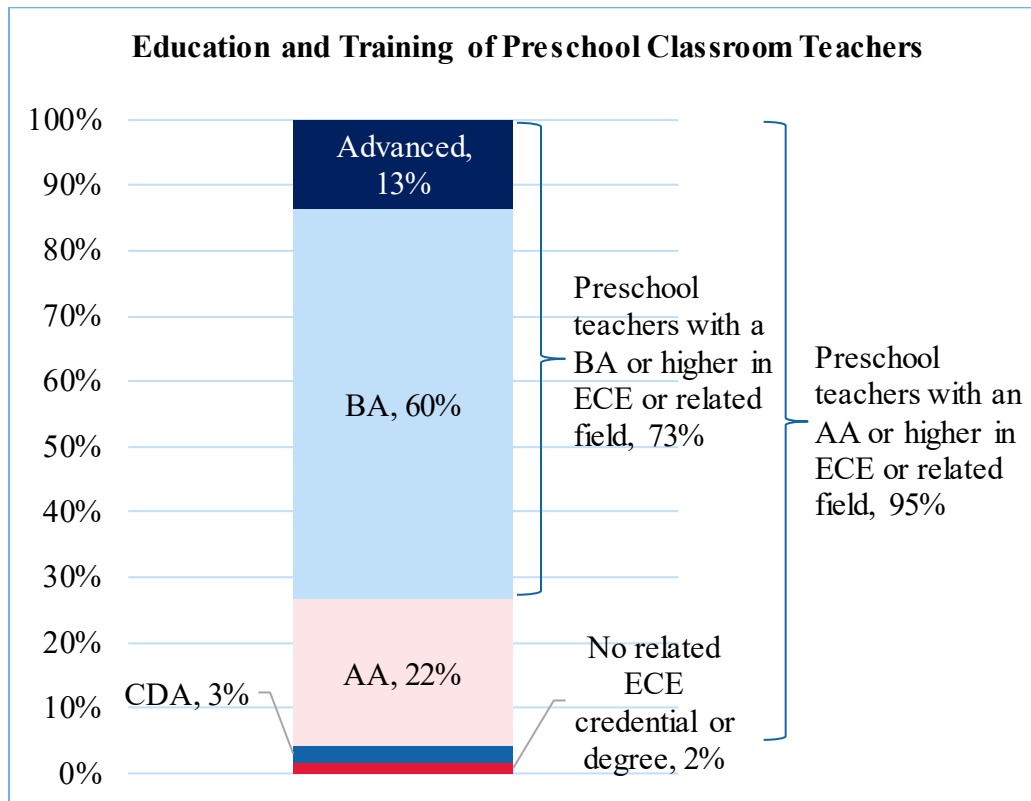
The following graph depicts Head Start employee average salaries for the 2016-2017 program year.



Staff Education, Training and Experience, and Turnover

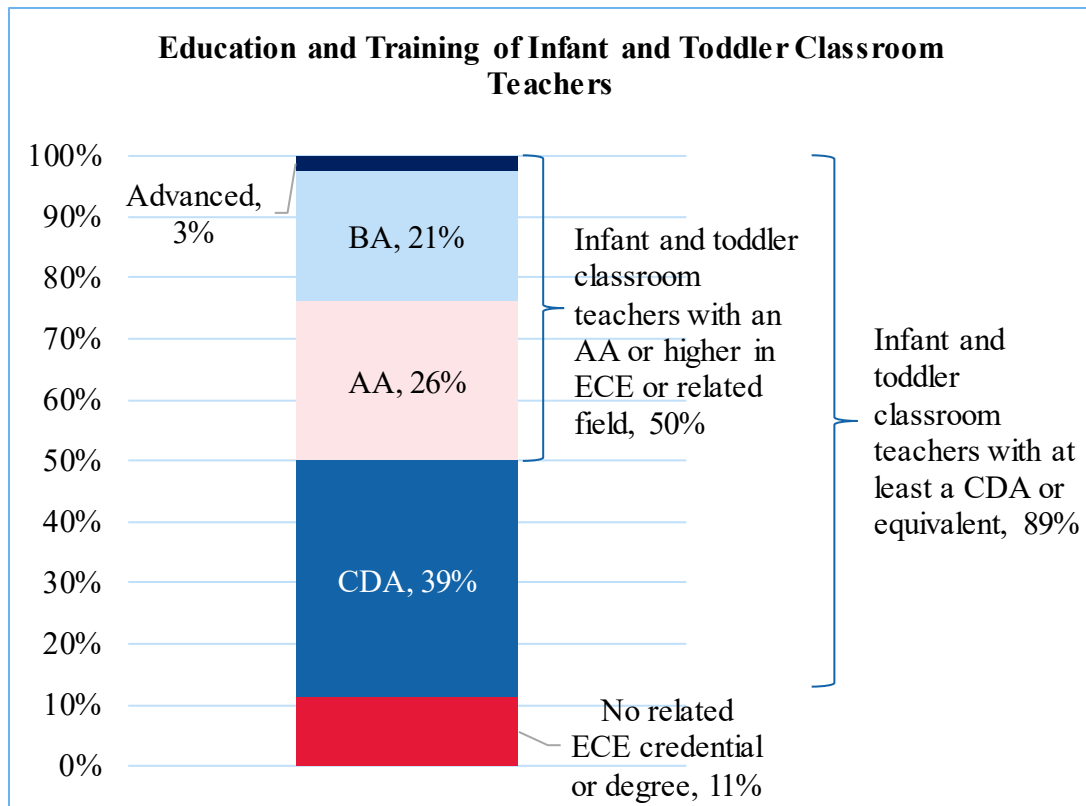
The Head Start Act was amended in 2007 to require that, by September 30, 2013, at least 50 percent of all HS (preschool) classroom teachers nationwide either possess a bachelor's or advanced degree in early childhood education (ECE); or a bachelor's or advanced degree and coursework equivalent to a major relating to ECE with experience teaching preschool-age children. The HS program surpassed the statutory requirement of September 30, 2013, in the 2010 program year.

In 2017, 42,700 HS teachers were instructing in preschool classrooms and 73.4 percent of these teachers possessed a bachelor's or advanced degree in ECE or a related field with experience teaching preschool-age children. The following graph depicts the type of degree or credential of HS classroom teachers.



Note: AA = associate degree, BA = baccalaureate degree; CDA = child development associate degree; ECE = early childhood education.

In the 2016-2017 program year, 26,200 teachers were instructing in EHS infant and toddler classrooms. Of these teachers, 88.9 percent possessed at least a child development associate (CDA) or equivalent credential/degree. Additionally, 64.3 percent of infant and toddler classroom teachers without a related ECE credential or degree were enrolled in a credential, licensure, associate degree, or baccalaureate degree program that met or exceeded a CDA and was appropriate to the program in which they are working. The following graph depicts the percentage of EHS infant and toddler classroom teachers with each type of degree or credential.



Note: AA = associate degree, BA = baccalaureate degree; CDA = child development associate degree; ECE = early childhood education.

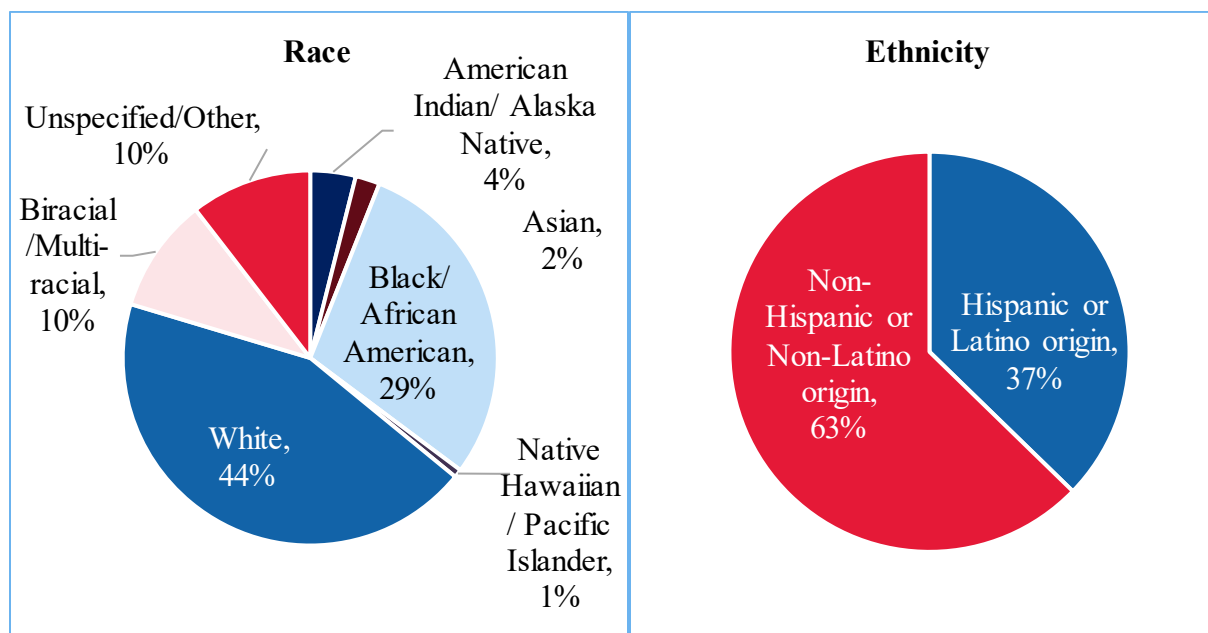
During the 2016-2017 program year, 13.5 percent of total staff or contracted staff left their positions. Of the 13.5 percent, 72.7 percent of the staff were replaced within the same year.

650(a)(8) Information concerning children participating in programs that receive Head Start funding, including information on family income, racial and ethnic background, homelessness, whether the child is in foster care or was referred by a child welfare agency, disability, and receipt of benefits under part A of title IV of the Social Security Act;

Head Start served a diverse group of children, families, and pregnant women. (Note: Each enrollee is asked to self-identify both an ethnicity and a race category based on U.S. Census Bureau measures. For example, a family that identifies their child as Black and Cuban would be counted in the “Black or African American” category for the question on race and counted in the

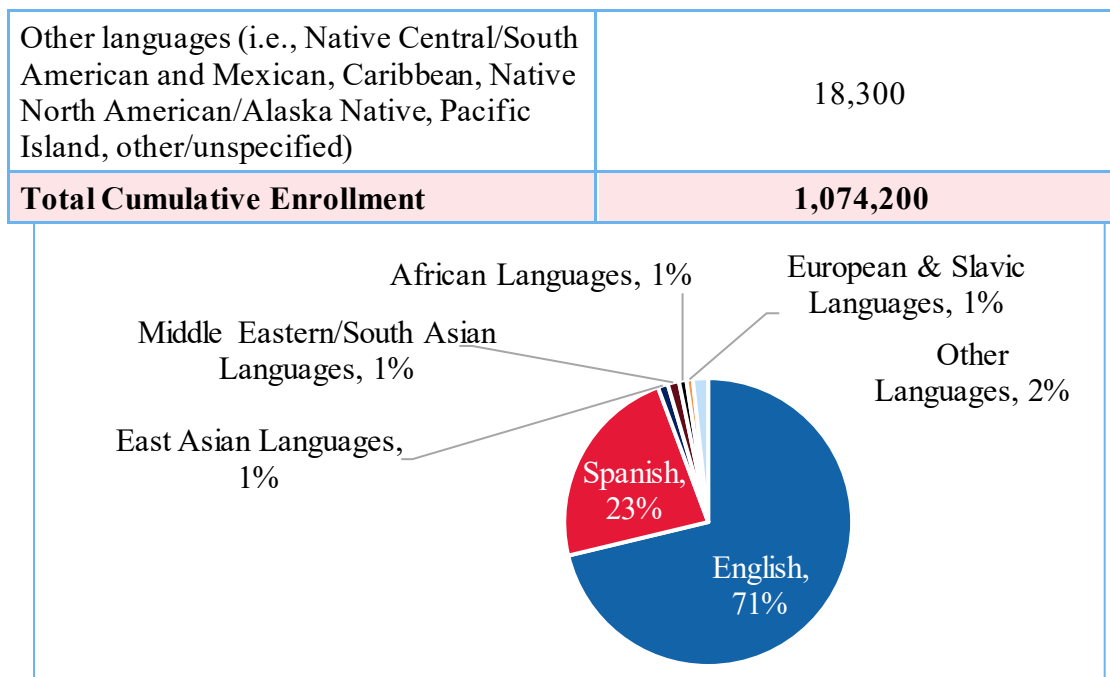
“Hispanic or Latino” category for the question on ethnicity. Information on race ethnicity and race categories can be found at <http://www.census.gov/topics/population/race/about.html>.)

The following chart depicts the distribution by ethnic/racial origins for children and pregnant women served during the 2016-2017 program year.



Twenty-nine percent of children and pregnant women served primarily spoke a language other than English at home. The following table and chart displays the distribution of primary home language among enrollees.

Primary Home Language	
Language	Number of Children/Pregnant Women
English	765,400
Spanish	247,800
East Asian languages	12,200
Middle Eastern/South Asian languages	13,700
African Languages	9,000
European and Slavic languages	7,800



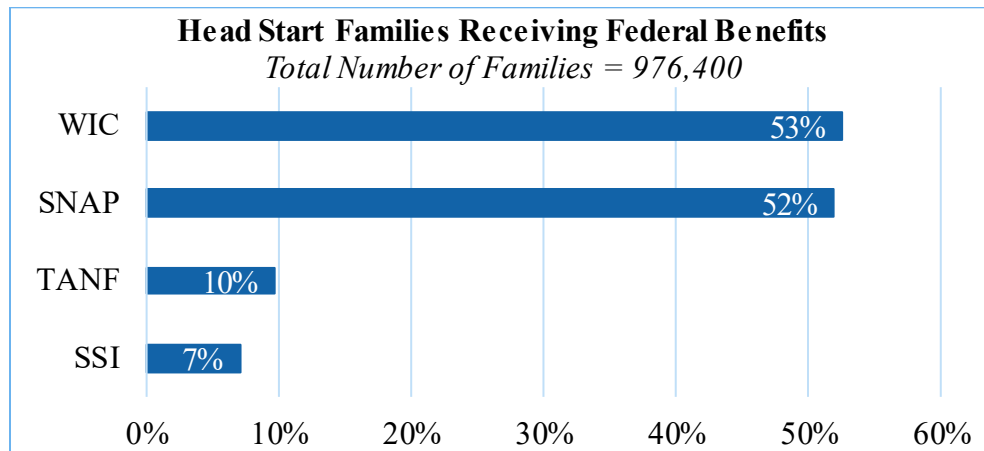
Family Income

About 89 percent of enrollees were found eligible based on their (1) family income being at or below the 100 percent federal poverty line, (2) status as homeless, (3) eligibility to receive public assistance such as Temporary Assistance to Needy Families (TANF) and Supplemental Security Income (SSI), or (4) status as a foster child. The remaining 11 percent of enrollees had families that were over income (7 percent) or families with incomes between 100 percent and 130 percent of the federal poverty line (5 percent).

Receipt of Federal Benefits

Most Head Start families (56 percent) received a benefit through the Special Supplemental Nutrition Program for Women, Infants and Children (WIC).

The following graph presents the percent of Head Start families that were recipients of four federal benefits at the start of their enrollment for the 2016-2017 program year. These benefits include WIC, Supplemental Nutrition Assistance Program (SNAP), TANF, and SSI.



Note: SNAP = Supplemental Nutrition Assistance Program; SSI = Supplemental Security Income; TANF = Temporary Assistance to Needy Families; WIC = Special Supplemental Nutrition Program for Women, Infants and Children.

Foster Care and Homelessness

There were 31,300 children enrolled in Head Start who were in foster care at any point during the 2016-2017 program year. This represented 3 percent of total enrollment. Head Start served 20,900 children referred by a child welfare agency which represents 2 percent of total enrollment. Head Start served 52,900 homeless children from 49,000 homeless families (5 percent of the total children and their families served). These are children and families who experienced homelessness at some point during the program year. Of these families, 33.6 percent (16,500 families) acquired housing during the program year.

Disabilities

There were 105,000 enrolled preschool children with an Individualized Education Program (IEP). This represented 12.6 percent of enrolled preschool children. Further, there were 28,100 infant and toddlers with an Individualized Family Service Plan (IFSP). This represented 12.5 percent of enrolled infant and toddlers.

The table below presents the number of preschool children who received disabilities services for a specific diagnosed disability:

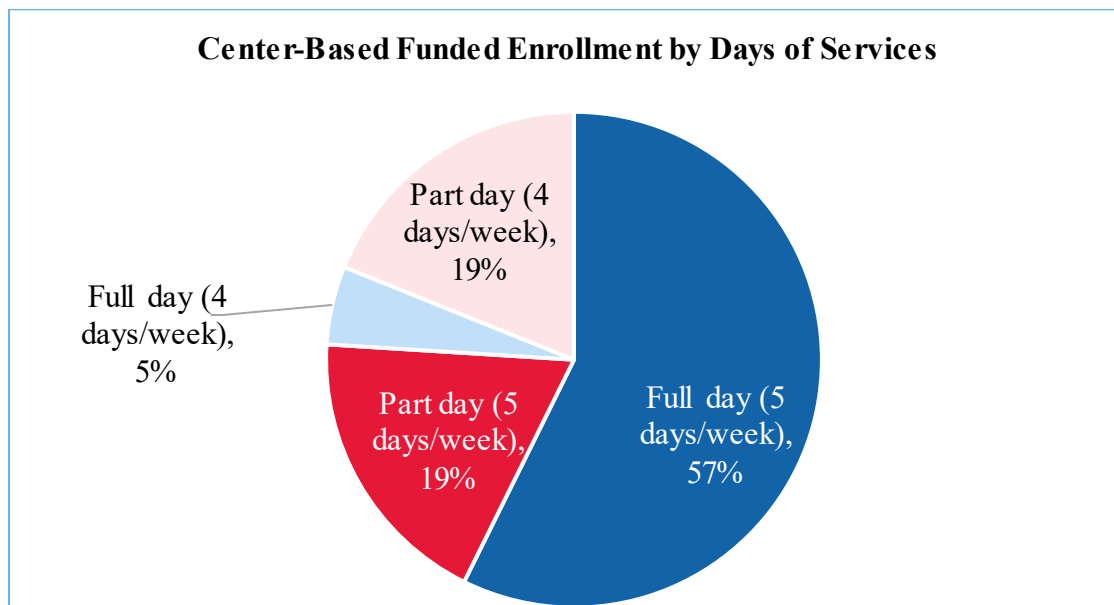
Children in HS Receiving Special Services by Disability	
Disability	Number of Children Receiving Special Services for Disability
Speech or language impairments	57,800

Non-categorical/developmental delay	33,340
Autism spectrum disorder	3,480
Health impairment (i.e., meeting IDEA definition of “other health impairments”)	1,210
Multiple disabilities (excluding deaf-blind)	910
Intellectual disabilities	660
Specific learning disability	620
Emotional disturbance	580
Hearing impairment, including deafness	460
Orthopedic impairment	410
Visual impairment, including blindness	230
Traumatic brain injury	80
Multiple disabilities (including deaf-blind)	30

A total of 103,700 children (98.8 percent of children with an IEP) received special education and related services during the program year.

650(a)(9) The use and source of funds to extend Head Start services to operate full-day and year-round

Nationwide, most of Head Start’s funded enrollment (90.2 percent) is for center-based programs. Although among Early Head Start programs only, home-based programs account for about one-third of funded enrollment. Over half (62.4 percent) of all Head Start center-based funded enrollment is for full-day, center-based services. The PIR defines “full-day services” as those provided for more than 6 hours per day.



Of those receiving center-based full-day services for 5 days per week, 32.3 percent are enrolled for 10 hours or more per day and 18.1 percent are enrolled for 10 hours or more per day for the full calendar year.

650(a)(10) Using data from the monitoring conducted under section 641 A(c):
 (A) A description of the extent to which programs funded under this subchapter comply with performance standards and regulations in effect under this subchapter;

In September 2016, OHS issued the first holistic revision and complete reorganization of the Head Start Program Performance Standards (HSPPS) since their original publication in 1975. OHS significantly modified the FY 2017 review schedule to provide opportunities for the Head Start community to implement the new HSPPS and for OHS to refine its system to monitor the new HSPPS.

In FY 2017, OHS reduced the number of monitoring events experienced by individual grantees. OHS focused monitoring events on CLASS®, beginning in October 2016, and Eligibility, Recruitment, Selection, Enrollment, and Attendance (ERSEA), beginning in January 2017. Grantees scheduled for these events received notification of their upcoming review via letter. OHS also conducted a review of EHS-CCP grantees new to EHS. Grantees received “Targeted” reviews (termed “Other” reviews in previous fiscal years) if OHS determined the grantee was at risk. Any grantee found to be out of compliance with Head Start requirements during any review received a “Follow-up” review to ensure that all findings were corrected.

OHS conducted reviews of 681 grantees in FY 2017 and some grantees received more than one review during the fiscal year. Of the 681 grantees that received monitoring reviews:

- 133 received an ERSEA review,
- 85 received an EHS-CCP review,
- 252 received a CLASS® review,
- 84 received a Targeted review, and
- 291 received a Follow-up review.

After a review is complete, a Monitoring Review Report is issued to the grantee. The report indicates the compliance outcome of the review and applicable Head Start program requirements. The compliance outcome is a function of the final determination made by OHS on each of the findings documented by the review team during the review. Each finding sustained by OHS will be one of two types: noncompliant or deficient.

- **With the exception of Targeted reviews, for each review type, high percentages of reviewed grantees were compliant with the monitored standards.** Of the 133 grantees that underwent an ERSEA review in FY 2017, only 1 grantee (0.8 percent) was found to have 1 noncompliance. All other grantees (99.2 percent) were found to be compliant with the monitored ERSEA standards. Of the 85 grantees that underwent an EHS-CCP review in FY 2017, 95.3 percent were found to be compliant. Only 4 EHS-CCP grantees (4.7 percent) were found to have 1 or more noncompliances.
- **Head Start program CLASS® average scores in FY 2017 were similar to those found in FY 2016.** Grantees had average CLASS® scores of 6.07 out of 7 for Emotional Support and 5.83 out of 7 for Classroom Organization domains. Scores for Instructional Support also were notably lower than those for the other domains, averaging 3.00 out of 7.
- **The majority of grantees who received Targeted reviews were found to be deficient.** Of the 90 grantees that underwent a Targeted review in FY 2017, 10 percent were found to be compliant, 17.8 percent were found to have 1 or more noncompliances, and 72.2 percent were found to have 1 or more deficiencies.
- **Grantees corrected nearly all findings on Follow-up reviews.** Among grantees that received Follow-up reviews in FY 2017, 92.9 percent of findings were corrected, while 7.1 percent of findings were not corrected and were, therefore, elevated to deficiencies.

OHS transmits a report to Congress on Head Start monitoring for each fiscal year pursuant to the Head Start Act. Please refer to the monitoring reports as they become available for more information on compliance status of grantees following a review, commonly cited noncompliances and deficiencies, outcomes/findings of monitoring reviews, and more (<https://eclkc.ohs.acf.hhs.gov/federal-monitoring/article/reports-congress>).

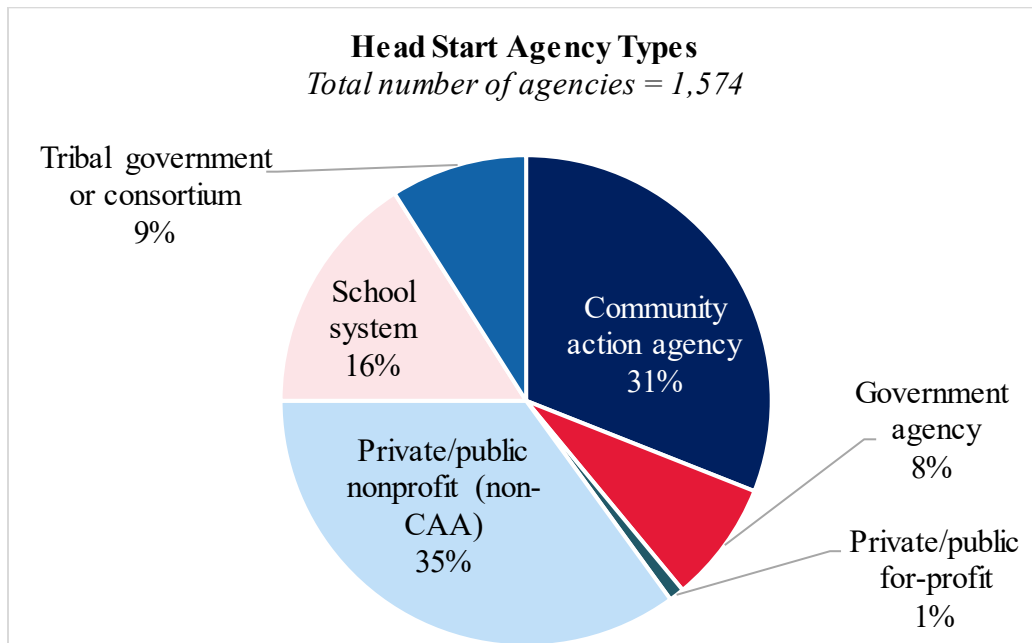
(10)(B) A description of the types and conditions of facilities in which such programs are located;

Head Start program services are offered in a variety of facilities, which reflect the varying nature of grantees (more information in paragraph 10(C) below), service delivery models, and their respective communities. Service locations include classrooms in grantee-owned, leased, and public facilities, and services may also be offered in family childcare settings or through partnerships with existing childcare providers in the community. Grantees serve children in a variety of locations including public schools, public housing, city buildings, churches, synagogues, community centers and privately owned buildings. Head Start facilities must meet state, tribal, or local licensing requirements and Head Start requirements related to health, safety, and the amount and type of indoor and outdoor space needed for appropriate child development (see 45 CFR 1302.47 at <https://eclkc.ohs.acf.hhs.gov/policy/45-cfr-chap-xiii/1302-47-safety-practices>). Community support for Head Start is evidenced by some facilities being made available to grantees at no cost or below market rental rates.

The Head Start Act and HSPPS at 45 CFR 1303 subpart E (<https://eclkc.ohs.acf.hhs.gov/policy/45-cfr-chap-xiii/1303-subpart-e-facilities>) provide authority for the use of Head Start funds to purchase, construct, renovate, or repair facilities. Grantees are required to file a notice of federal interest to protect federal funds used for purchase, construction, and major renovations. If a facility funded by Head Start is no longer needed for program purposes, disposition of the facility is governed by 45 CFR 75.318 and the grantee is required to account for the federal share in the property.

(10)(C) The types of organizations that receive Head Start funds under such programs;

Private/public nonprofits, which include agencies such as nonprofit hospitals and religious-based programs (not including community action agencies [CAAs]), received the largest share of Head Start funds.. Nonprofit CAAs received the second largest share of Head Start funds. Other organizations to receive Head Start funds were school systems, tribal governments, and non-CAA government agencies. The following graph represents the percentages of Head Start programs by agency type.



(10)(D) The number of children served under each program option.

Head Start offers a variety of program options to meet the needs of its enrolled children and families. The majority of families receive center-based programs, which offer services to children primarily in a classroom setting. The table below represents funded enrollment by Head Start program option during the 2016-2017 program year as reported in the PIR.

Funded Enrollment by Program Option	
Program Option	Funded Enrollment
Center-based	819,000
Home-based	69,200
Family child care	9,000
Pregnant women	6,000
Combination	5,700
Locally designed	5,100

650(a)(11) The information contained in the documents entitled “Program Information Report” and “Head Start Cost Analyses System” (or any document similar to either), prepared with respect to Head Start programs;

The information contained in the PIR is used to respond to the requested information throughout this report. Excerpts from the 2017 Head Start Fact Sheet on program year statistics is included in Appendix B and the full fact sheet is accessible at <https://eclkc.ohs.acf.hhs.gov/about-us/article/head-start-program-facts>. A full, national-level, summary report from the 2016-2017 PIR is included as Appendix C. Head Start’s Grant Application and Budget Instrument (GABI) is included as Appendix D. This Office of Management and Budget (OMB)-approved document is filed electronically by grantees and is designed both to streamline the grant application process and to provide projected cost information efficiently.

650(a)(12) A description of the types of services provided to children and their families, both on-site and through referrals, including health, mental health, dental care, vision care, parenting education, physical fitness, and literacy training;

Unless otherwise indicated, information in this section is based on the total cumulative enrollment of 1,058,800 Head Start children during the 2016-2017 program year.

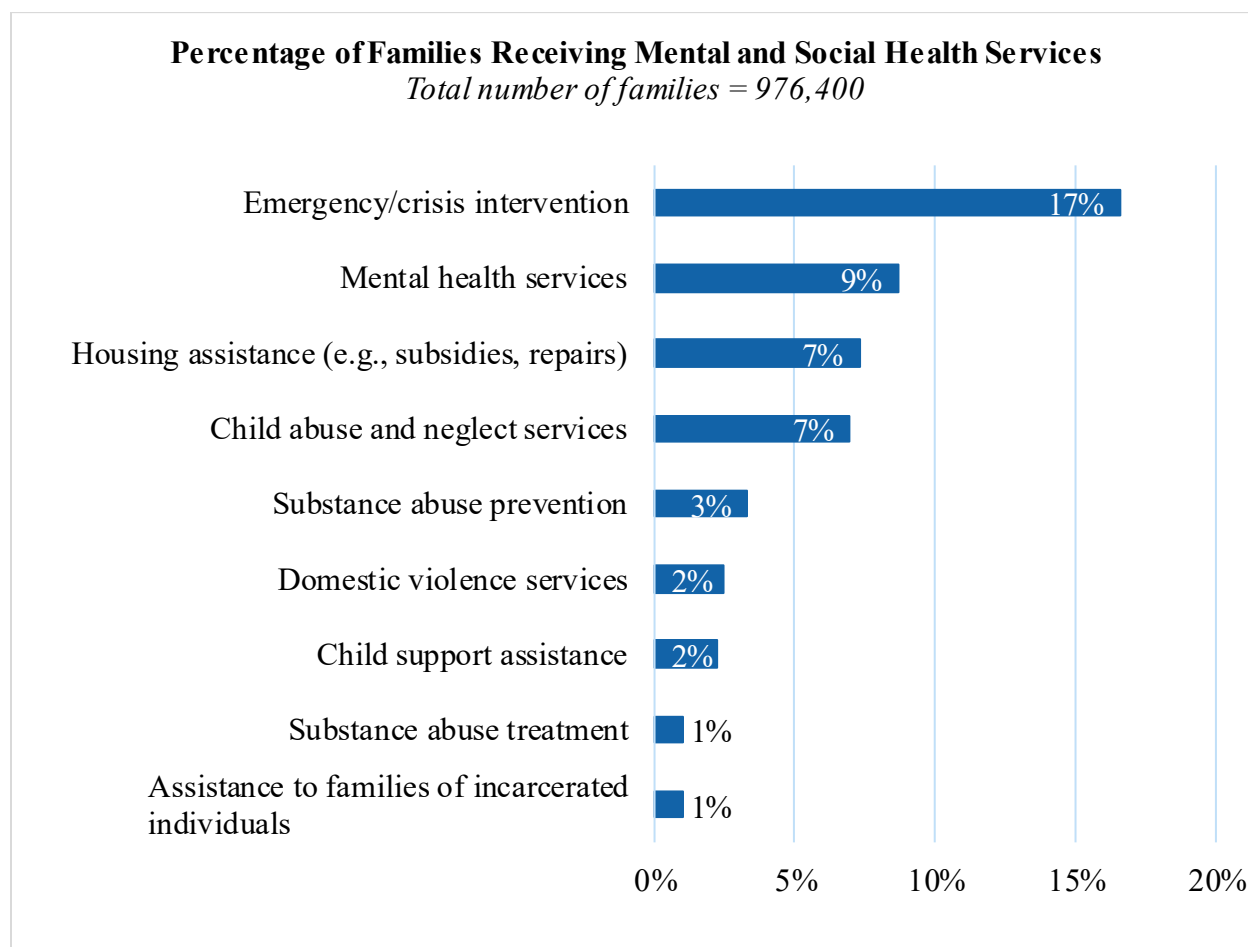
Medical Services for Children

- At the beginning of enrollment, only 60.8 percent (644,100) of children served were up-to-date, according to their state’s Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) schedule. At the end of enrollment, 83.0 percent (878,400) of all children served were up-to-date and completed medical screenings, including all tests and physical examinations.
- Of the children who were up-to-date on a schedule of age-appropriate preventive and primary health care, 10.2 percent (89,500) were found to need medical treatment.
- Of the children in need of medical treatment, 91.9 percent (82,200) received needed treatment by the end of the program year.
- At the end of the program year, 95.7 percent (1,013,200) of children were up-to-date with immunizations, had all possible immunizations to date, or were exempt from immunizations in accordance with state guidelines.

Mental Health Services

Mental health services as well as services to promote social-emotional well-being are provided to families directly through the program or through program referrals. Head Start programs are required to promote healthy mental development which includes mental health consultation services to identify and support children with mental health and social and emotional concerns. About 17 percent of families received emergency/crisis intervention such as assistance in meeting immediate needs for food, clothing, or shelter. About 9 percent of families received mental health services.

The following graph displays services provided during the 2016-2017 program year; families may be counted in more than one category.



OHS offers T/TA through direct funding to grantees, regional T/TA specialists, and the National Centers. National Centers were launched to promote excellence through high-quality, practical resources and approaches that build ECE program capacity. OHS funds the National Center on

Early Childhood Health and Wellness (NCECHW) to advance best practices for linking health and ECE systems, healthcare professionals, and families. Their goal is to maximize resources for developing comprehensive and coordinated health and wellness services within ECE settings.

During 2017, the NCECHW:

- Developed new materials to support programs as they promote child mental health and social and emotional well-being, as well as mental health of families and staff, including:
 - *Understanding and Eliminating Expulsion in Early Care and Education*
 - Videos on children's behaviors and adult responses
 - Monthly mental health newsletters addressing wellness, infant/early childhood mental health consultation (I/ECMHC), and more
 - *Making the Most of Your I/ECMHC* series
 - Facilitating Change professional development resources
 - Motivational Interviewing professional development suite
 - Integrating Mindfulness professional development suite
 - Reflective Supervision professional development suite
- Revised existing resources to support programs as they promote child mental health and social and emotional well-being, as well as mental health of families and staff, including:
 - Updates to content of the online Mental Health Consultation Tool
 - HSPPS with mental health focus handout
 - Trauma professional development suite
 - *Finding a Mental Health Provider* handout
 - *Facilitating a Referral for Mental Health Services for Children and Their Families Within Early Head Start and Head Start (EHS/HS)*
 - *What is Early Childhood Mental Health?*
- Provided approximately forty trainings on mental health topics at national and regional events. Frequently requested trainings included "Taking Care of Ourselves: Managing Stress" and "Making the Most of Your Mental Health Consultation."

Dental Services for Children

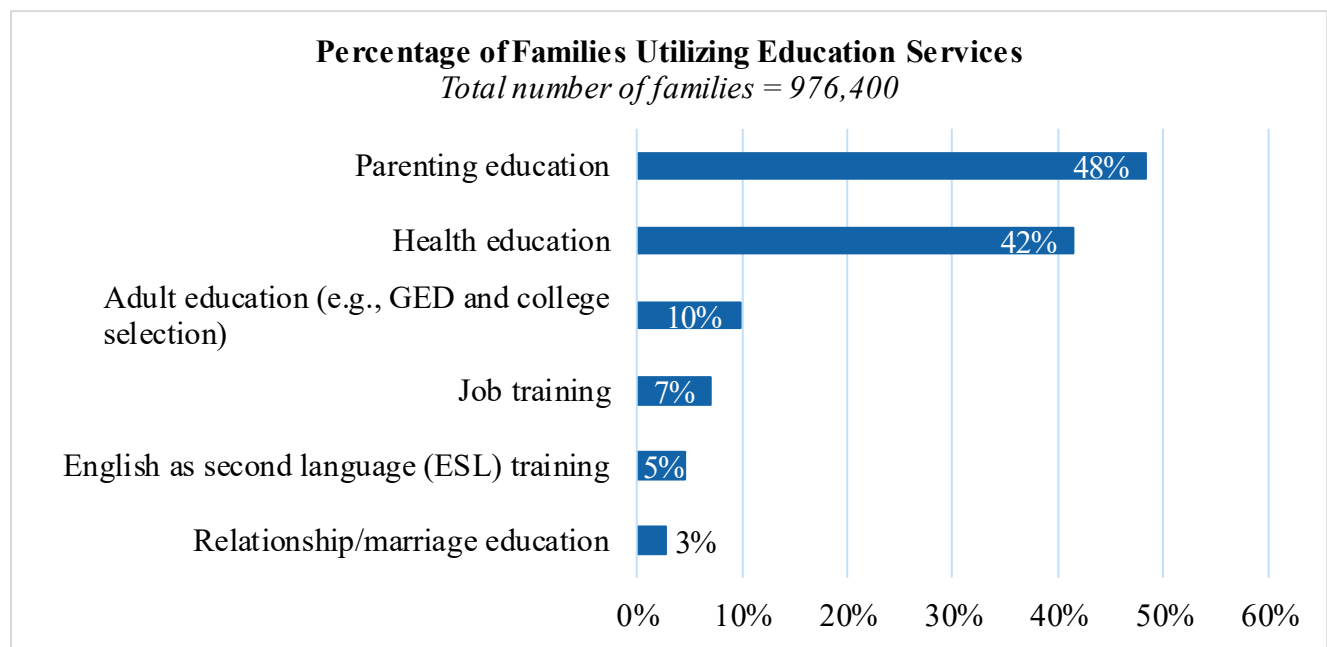
- Of the 833,800 children enrolled in HS programs, 83.1 percent received preventive services (e.g., fluoride application, cleaning, sealant application) and 82.1 percent completed a professional dental examination.
- Of the 684,400 children enrolled in HS programs who had an oral health exam, 17 percent required dental treatment and 73.6 percent received or were receiving the treatment required. The primary reasons children did not receive dental treatment was due to the parent not keeping/making the appointment, the appointment was scheduled for a later date, or the child left the program before their appointment date.

Vision Care

- There were 31,700 children that received medical treatment for a vision problem during the program year.

Parenting Education and Training Services

The majority of education and training services families received as part of Head Start were in the areas of parenting and health education. About 5 percent of families received English-as-a-second-language training. The following graph depicts parenting education services provided during the 2016-2017 program year. Families may be counted in more than one category if more than one type of service was received.



Physical Fitness

Head Start has always prioritized physical fitness for enrolled children. Low-income households have higher rates of overweight individuals and many children enrolled in Head Start are living in low-income households. HSPPS require active play and movement to support gross motor skills and physical fitness. Program staff must also periodically assess children's health and fitness and make referrals to health professionals.

During 2017, the NCECHW:

- Provided "I am Moving, I am Learning" trainings as an approach to healthy habits.

- Recruited 10 teams to participate in a learning collaborative focused on healthy, active living and received quarterly virtual sessions of ongoing education and support.
- Completed the production and design of the responsive feeding and tummy time professional development on the Go Home-Visiting modules. Each module provides multimedia resources (video, audio, PowerPoints, and handouts) to guide home visitors on their work with families around these two important topics.

Literacy Training

The section on *Parenting Education and Training Services* above may include literacy training within the categories reported either directly provided by the program or through program referrals. Additionally, about 11 percent of families enrolled in the program had at least one parent complete a grade level in school (e.g., 8th grade, 11th grade), complete high school, or receive a GED during the 2016-2017 program year.

650(a)(13) A summary of information concerning the research, demonstration, and evaluation activities conducted under Section 649 including:

- (A) a status report on ongoing activities; and
- (B) results, conclusions, and recommendations, not included in any previous report, based on completed activities;

Head Start research over the past decade has provided valuable information not only for guiding program improvements in Head Start itself, but also for the larger field of early childhood programming and development. Head Start programs have collaborated with researchers to make significant contributions in program innovation and evaluation, as well as the use of systematic data collection, analysis, and interpretation in program operations. Head Start has attracted an extensive network of highly accomplished partners in research firms, universities, and local programs, who strive to answer critical policy questions and improve the quality of the program with rigorous and relevant research.

Through numerous grants and contracts, ACF's Head Start research portfolio funds experimental impact evaluations, evaluations of innovative practice, process and implementation evaluations, and descriptive and theory-building research. In addition, ACF undertakes activities aimed at enhancing the capacity in the field for high-quality Head Start research through conferences, measurement development, research centers, support for emerging scholars, and small meetings; and conducts activities that provide guidance to the Head Start practice community about relevant research findings. Taken together, this body of work aims to inform the efforts of a diverse range of stakeholders, including federal and state policymakers, program administrators, researchers, technical assistance providers, and others.

Individual studies or activities contained within the broad categories are summarized below to respond to 650(a)(13)(A) and (B) of the Act.

National Descriptive Studies

The Head Start Family and Child Experiences Survey (FACES) (1997–present) — FACES provides data from successive, nationally representative samples of HS preschool children on the characteristics, experiences, and outcomes of HS children and families as well as the characteristics of the HS programs that serve them in Regions I–X. FACES also provides information on the relationships among family and program characteristics and outcomes. Five cohorts of FACES were fielded from 1997 to 2009: 1997, 2000, 2003, 2006, and 2009. In 2011, ACF redesigned the study to explore innovative design and measurement options and to better meet the information needs of ACF for ongoing management of the HS program. Under this new design, data on programs, classrooms, staff, and family characteristics are collected every 2 years (“Classroom Core”) and child outcome data are gathered every 4 years (“Classroom + Child Outcomes Core”). The Classroom + Child Outcomes Core was first fielded in the fall of 2014; the Classroom Core was first fielded in the spring of 2017. Also, in FY 2017, ACF awarded a new FACES contract to continue implementation of this design for 2019–2022. Numerous publications from FACES data are available at <https://www.acf.hhs.gov/opre/research/project/head-start-family-and-child-experiences-survey-faces>. In 2016, ACF released a technical report and brief exploring changes in classroom quality across FACES cohorts and suggesting some overall increases in average classroom quality from 2006 to 2014 and from 2009 to 2014.

The Early Head Start Descriptive Survey (Baby FACES) (2007–present) — Baby FACES is similar in design to the HS FACES study. Baby FACES aims to inform program planning, technical assistance, and research at the national level by providing in-depth information about EHS programs, staff, classrooms, home visits, and the children and families served in Regions I–X. Baby FACES also explores associations between the type and quality of EHS services and child and family well-being. In 2015, a new Baby FACES contract was awarded to implement a redesigned Baby FACES for 2018–2020. In FY 2016 and FY 2017, ACF engaged in extensive planning, redesign, and measurement work to prepare for data collection in spring of 2018 and 2020. Several publications from Baby FACES are available at <https://www.acf.hhs.gov/opre/research/project/early-head-start-family-and-child-experiences-study-baby-faces>, including a report released in FY 2016 on options for redesigning the study.

The Survey of Head Start Health Managers (2011–2016) — This survey aimed to (1) describe the characteristics of health managers and related staff; (2) identify the current landscape of health programs and services being offered to children and families; (3) determine how health initiatives are prioritized, implemented, and sustained; and (4) identify the programmatic features

and policy levers that exist to support health services including staffing, environment, and community collaboration. These objectives were accomplished through an online survey of all health managers, including those in American Indian/Alaska Native (AIAN) and Migrant and Seasonal Head Start (MSHS) programs, as well as semi-structured interviews conducted with a subsample of health managers, teachers, and family services workers. Several publications were released in FY 2016 and FY 2017 (available at <https://www.acf.hhs.gov/opre/research/project/head-start-health-managers-descriptive-study>), including a report on the overall descriptive findings from the study and topical briefs.

National Survey of Early Care and Education (NSECE) (2010–2015) — NSECE documents the nation’s current utilization and availability of early care and education (including school-age care), in order to deepen the understanding of the extent to which families’ needs and preferences coordinate well with provider’s offerings and constraints. The experiences of low-income families are of special interest as they are the focus of a significant component of ECE and school-age public policy. The NSECE involves nationally representative samples and interviews in all 50 states and Washington, DC. Although the study represents the full array of ECE options, Head Start funding allowed for data collection and analyses that are specific to Head Start within the larger early childhood context. Data collection occurred in 2012 and numerous reports and briefs were released in FY 2016 and FY 2017 (available at <https://www.acf.hhs.gov/opre/research/project/national-survey-of-early-care-and-education-nsece-2010-2014>), including a publication describing ECE centers’ participation in Head Start and public, prekindergarten programs.

The Study of Early Head Start-Child Care Partnerships (2013–2018) — This study offers a comprehensive look at EHS-CCP to better understand how partnerships support quality improvement, child development, and family well-being in early childhood settings serving infants and toddlers. This work examines the implementation of ACF’s EHS-CCP grants and aims to inform childcare partnerships nationwide through a review of the literature, development of a theory of change model, review of measurement approaches, and a descriptive study (fielded in 2016 and 2017). The study documents the purposes, goals, and key characteristics of partnerships, as well as the activities they engage in to improve professional development of teachers/providers, the quality of services, and how services meet families’ needs. It includes surveys of all EHS-CCP grantees and delegate agencies, as well as a selected sample of their partners. It also includes case studies with 10 partnership grantees to provide an in-depth look at different partnership models. Reports and findings from the surveys and cases studies are available at <https://www.acf.hhs.gov/opre/research/project/early-head-start-child-care-partnerships-study>.

The Study of Coaching Practices in Early Care and Education Settings (2016–2019) — This project was awarded in FY 2016 to explore coaching practices in ECE classrooms serving

children supported by Child Care and Development Fund subsidies or Head Start grants. This project aims to advance understanding of how core features of coaching are implemented in ECE classrooms, how they may vary by key contextual factors, and which practices are ripe for more rigorous evaluation. The project includes establishing an empirically supported conceptual model to identify how core features of coaching may contribute to desired changes in teacher knowledge and practice; designing and conducting a descriptive study to examine the occurrence and variability of coaching features in ECE classrooms; and conducting case studies to examine program- or systems-level drivers of the implementation of coaching.

The Implementation and Assessment of Competencies for Teachers and Caregivers Serving Infants and Toddlers (ITTCC) (2017–2021) — The ITTCC project was awarded in FY 2017 to examine existing efforts across states, institutes of higher education, professional organizations, and programs related to competencies for teachers and caregivers serving infants and toddlers. The ITTCC project will explore approaches to the implementation and assessment of competencies, building a conceptual foundation for measurement, research, and evaluation. This effort will draw on knowledge and expertise in competency modeling from industrial-organizational psychology, as well as from relevant caregiving professions that have developed, implemented, and assessed competencies. The ITTCC project will support ACF in its efforts to improve the quality of care for infants and toddlers in community-based child care and EHS.

Implementing and Evaluating Innovative Strategies

Early Head Start–University Partnerships (2011–2016) — In 2011, ACF funded six research grants to evaluate whether promising parenting interventions in Early Head Start could ameliorate the effects of early adversity and chronic stress on children’s development. In FY 2016 and FY 2017, grantees continued to collect and analyze data and began writing up findings. In FY 2016, ACF provided a supplement to the grants to support dissemination activities to diverse audiences.

Head Start–University Partnerships (2013–2018) — Four grantees were funded to implement and rigorously evaluate promising interventions that combine intensive, high-quality, child-focused programs with intensive, high-quality, adult-focused services to support both parent well-being and children’s school readiness, within the context of Head Start. In FY 2016 and FY 2017, the grantees continued to collect data from program and control participants and began analyzing data and writing up findings.

Early Head Start–University Partnerships (2015–2020) — In FY 2015, ACF awarded four grants aimed at expanding the knowledge base regarding how programs serving infant and toddlers can promote and improve early child development by supporting both parenting and caregiving. Working in partnership with one or more EHS center-based programs and/or EHS-CCP programs, researchers implemented innovative strategies that target both parents and

center-based teachers as a means of achieving child development goals and collected data from treatment and control participants in FY 2016 and FY 2017.

Evaluation of the Head Start Designation Renewal System (DRS) (2012–2016) — This project was a formative evaluation of the DRS. The purpose of the study was to evaluate the early implementation of DRS, describe the mechanisms by which DRS supports quality improvement in Head Start, examine how well DRS is able to identify grantees providing lower-quality services for competition, and describe the results of competitions. ACF released a report of findings from the study in 2016, which is available at <https://www.acf.hhs.gov/opre/research/project/evaluation-of-the-head-start-designation-renewal-system-drs>.

Variations in Implementation of Quality Interventions: Examining the Quality-Child Outcomes Relationship in Child Care and Early Education (VIQI) (2016–2021) — VIQI will test how different levels and features of classroom quality relate to children’s developmental outcomes. The study will look at the relationship of initial childcare and early education (CCEE) classroom quality to changes in observed quality and children’s outcomes through a rigorous experimental design. Questions about the quality-child outcomes relationship will be addressed in an in-depth implementation study to understand the conditions necessary to plan, install, and implement an evidence-based intervention that will produce changes in process and/or domain-specific quality and in child outcomes in CCEE classrooms at different levels of initial quality. CCEE classrooms will include those in Head Start and child care. The VIQI contract was awarded in FY 2016. In 2017, the study design was finalized and will include a pilot to be conducted in 2018 to test the feasibility of implementation and impacts on quality for two quality interventions.

Culture of Continuous Learning (CCL) Project: A Breakthrough Series Collaborative for Improving Child Care and Head Start Quality (2016–2019) — The CCL Project will explore how childcare and Head Start programs can improve the quality of services received by young children, while institutionalizing continuous quality improvement activities. The project will design and assess the feasibility of implementing a specific approach to continuous quality improvement (CQI), the Breakthrough Series Collaborative (BSC), to promote the uptake and success of evidence-based practices in both childcare and Head Start settings. The BSC model is designed to create a shared learning environment in which CQI strategies are used to test research-based practices and make adjustments based on short term, informal data collection. The goal is to influence changes in the culture, climate, structures, and leadership within ECE settings as well as the knowledge, skills, beliefs, and attitudes of the practitioners participating in the BSC. The CCL contract was awarded in FY 2016; a review of the research literature and extensive planning and design activities were conducted throughout FY 2016 and FY 2017.

Understanding Special Populations

See description for American Indian and Alaska Native Head Start Family and Child Experiences Survey and Migrant and Seasonal Head Start Study in the section of this report responding to 650(a)(14) of the Act.

MSHS Supplement to the National Agricultural Workers Survey (NAWS) (2009–2018) — Originally established in 1988, the NAWS is sponsored by the Employment and Training Administration of the Department of Labor and collects demographic, employment, and health characteristics of the United States crop labor force. The MSHS Supplement to NAWS was initiated in 2009 and includes questions regarding farmworkers' childcare preference and knowledge of MSHS, household characteristics, and employment, health, and service utilization of MSHS-eligible agricultural workers. In FY 2016, two briefs were released describing the households of MSHS-eligible families and their language and literacy backgrounds, as well as a report presenting information about the demographics and childcare utilization of MSHS children and their families.

Tribal Early Childhood Research Center (TRC) (2016–2020) — The TRC seeks to address gaps in early childhood research with AIAN communities through partnerships with tribal Head Start, EHS, and childcare and home-visiting programs. The goals of the TRC are to (1) identify needs and/or develop effective practices for early childhood initiatives in tribal communities; (2) identify, validate, and/or develop culturally meaningful measures of program practices and outcomes for AIAN families; and (3) establish peer-learning communities and provide training and professional development to facilitate interest and competencies in research relevant to early childhood initiatives in tribal communities. Links to TRC activities and the resources they have developed can be found at www.tribalearlychildhood.org.

Capacity Building

Head Start Scholars (1998–2017) — ACF awards grants to support graduate students who plan dissertation research in partnership with Head Start programs. The required partnerships with Head Start programs bring original, program-relevant research capacity to local programs and provide the beginning of a career path for young scholars who are interested in Head Start. Six new scholars grants were awarded in 2016 and another five in 2017. Grantees are conducting research on a range of topics, such as classroom quality and teaching teams, transitions to elementary school, self-regulation of Latino and dual-language-learning children, teachers' use of positive behavior supports, children's development and pretend play, family engagement strategies, and parent-child use of mobile media devices. Information about the scholars grants and their individual projects are available at <https://www.acf.hhs.gov/opre/research/project/head-start-graduate-student-research-program>.

National Research Conference on Early Childhood (NRCEC) (1991–present) — The NRCEC (formerly known as Head Start's National Research Conference), held every 2 years, features

state-of-the-art research methodologies and emerging program approaches that inform both researchers and practitioners. The 13th National Research Conference on Early Childhood was held in 2016 with the theme “Access to Quality Early Care and Education: Building the Evidence Base for Policy and Practice”.

Head Start Data Archive — Data sets from large Head Start projects are made available for secondary analysis through the Research Connections (<https://www.researchconnections.org>) project, which supports T/TA in the use of the data sets. In FY 2016 and FY 2017, the project added several new data sets to the archive and conducted trainings to support the use of those data, including data from the NSECE, Early Learning Mentor Coach Study, the Head Start FACES 2009 cohort, and the Head Start CARES demonstration.

Guidance to the Practice Community

Assessing Early Childhood Teachers’ Use of Child Progress Monitoring to Individualize Teaching Practices (2012–2016) — This project supports the development of a literature review, a conceptual model, and a plan for measuring teachers’ use of progress monitoring to support children’s development in an early childhood setting. In FY 2016, ACF released a report describing a new draft measure for assessing how teachers conduct ongoing assessment for individualizing instruction (called the Examining Data Informing Teaching [EDIT] measure), the development process, and lessons from two waves of pretesting (available at <https://www.acf.hhs.gov/opre/research/project/early-childhood-teachers-use-of-progress-monitoring-to-individualize>).

Head Start Use of Technology (2012–2015) — The goal of this project was to better understand and assess how technology can be used to support and improve the quality of practice used by early childhood professionals who work directly with children and families. This includes technology used to (a) support better individualization of services—whether those services are provided by teachers, home visitors, or family service workers; and (b) support the professional development of these direct-services staff. Several reports and briefs are available from a review of the literature examining the technologies available to early childhood programs and how they are used, including a brief on protecting child, parent, and practitioner privacy released in FY 2017 (available at <https://www.acf.hhs.gov/opre/research/project/use-of-technology-to-support-head-start-practice>).

Professional Development Tools to Improve the Quality of Infant and Toddler Care (2015–2020) — The Quality of Caregiver–Child Interactions for Infants and Toddlers (Q-CCIIT) observation tool was developed by ACF between 2010 and 2014 to assess the quality of caregiver–child interactions in nonparental care settings serving infants and toddlers. This project will develop research-based professional development resources to support the use of Q-CCIIT to improve the quality of early care and education for infants and toddlers. The project will also conduct a field

test to examine implementation of the professional development tools and changes in practice for caregivers in center-based and family childcare settings. In FY 2016 and FY 2017, ACF worked with the contractor to develop and pretest the professional development tools.

National Impact Evaluations

The Head Start Impact Study (HSIS) (2000–present) — HSIS was a congressionally-mandated longitudinal study that involved approximately 5,000 three- and four-year-old preschool children across 84 nationally representative grantee/delegate agencies. The children participating were randomly assigned to either a treatment group (which had access to Head Start services) or a comparison group (which could receive other community resources, but not Head Start). The goals of the study were to determine how Head Start affects the school readiness of children participating in the program as compared to children not enrolled in Head Start, and to determine under which conditions Head Start works best and for which children. Data collection began in the fall of 2002 and followed children through the spring of their third-grade year. In addition, ACF’s Office of Planning, Research, and Evaluation (OPRE) funded a grant to allow for secondary analysis of data from the HSIS to better understand the relationships between teacher, classroom, and center characteristics and program impacts. In FY 2016, the researchers published findings from their work under this grant on differential effects of Head Start in urban and rural communities. Additionally, in FY 2016 and FY 2017, ACF provided support for users of the archived HSIS data (via contract with the original HSIS contractor) and made enhancements to the HSIS data set. During this time, researchers in the field used the archived data for numerous scholarly publications, including papers examining Head Start effects on parents and parenting, children with disabilities, children in foster care, dual language learners, children experiencing community/neighborhood violence, and other topics.

The EHS Research and Evaluation project (1996–2010) — This project was a rigorous, large-scale, random-assignment evaluation of EHS designed to meet the 1994 reauthorization requirement for a national evaluation of the new infant-toddler program. The project was funded in three waves: The Birth-to-Three Phase (1996–2001) investigated program impacts on children and families through their time in the program; the Pre-Kindergarten Follow-up Phase (2001–2004) followed the children and families who were in the original study from the time they left the EHS program until they entered kindergarten; and the Elementary School Follow-up Phase (2005–2010) followed children and families while the children were in fifth-grade. Results have been published by ACF for the Birth-to-Three and the Pre-Kindergarten Follow-up Phases. The fifth-grade findings were published in 2013 in a peer-reviewed monograph of the Society for Research in Child Development. Researchers continue to use the archived data sets for scholarly publications, including papers published in FY 2016 and FY 2017 on parent sensitivity and discipline, children’s social-emotional and behavior outcomes, and variations by culture.

650(a)(14) A study of the delivery of Head Start programs to Indian children living on and near Indian reservations, to children of Alaskan Natives, and to children of migrant and seasonal *farmworker* families;

Services to Enrolled American Indian and Alaska Native Children

The annual funding amount for grantees providing Head Start services to AIAN children, pregnant women, and their families is about \$253.7 million. During the 2016-2017 program year, AIAN programs cumulatively served more than 25,100 children and 400 pregnant women. Almost all AIAN grants were awarded to tribal governments or consortiums. Program designs include center-based, home-based, locally designed, and combination options. Of children served in AIAN programs:

- Approximately 85 percent of children had health insurance at the end of their enrollment in Head Start.
- As part of the required medical screening, 1,400 children were identified as needing medical treatment and 79.2 percent of those children received the needed treatment.
- At the end of enrollment, 86.4 percent of children were up-to-date with immunizations, had all possible immunizations to date, or were exempt from immunizations in accordance with state guidelines.
- Approximately 12 percent of enrolled children were diagnosed with disabilities and 98 percent of these children received special education and related services.

The American Indian and Alaska Native Head Start Family and Child Experiences Survey (AIAN FACES) (2014–present) provides a picture of Region XI tribal Head Start programs, including a description of the development and school readiness of the children served, characteristics of their parents and families, program engagement, and characteristics of teachers, classrooms, and programs. Since 1997, the FACES study has been a major source of information on Head Start programs and the children and families they serve, but has historically not included Region XI. AIAN FACES was designed to fill this information gap. The design of the study was informed by the AIAN FACES Workgroup, which included tribal Head Start directors, researchers with expertise working in tribal communities, and federal officials. A particular focus of the work was ensuring that AIAN FACES was responsive to the unique cultural and self-governing contexts of tribal Head Start programs. Data collection for the first AIAN FACES study with 21 Region XI programs began in the fall of 2015 and was repeated in the spring of 2016. A summary of study progress and initial study findings were released in a webinar in FY 2017 (available at <https://www.acf.hhs.gov/opre/research/project/american-indian-and-alaska-native-head-start-family-and-child-experiences-survey-faces>). Also, in FY 2017, a new contract was awarded to conduct a second round of AIAN FACES in FY 2019–FY 2020.

Services to Children Enrolled in Migrant and Seasonal Head Start Programs

The annual funding amount for grantees providing MSHS program services to children and their families is about \$383 million. During the 2016-2017 program year, MSHS programs reported cumulatively serving more than 28,300 children and 200 pregnant women. Almost all MSHS families enrolled their children in a center-based program option that provided more than 6 hours per day of service (27,900 children). Of those children, 18,200 (65.2 percent) received Head Start services for 10 or more hours per day. Some grantees provided services 6 days per week to accommodate the needs of parents doing farm work. Of children served in MSHS programs:

- Approximately 92 percent had health insurance at the end of their enrollment in Head Start.
- As part of the required medical screening, 2,400 children were identified as needing medical treatment and 95 percent of those children received the needed treatment.
- At the end of enrollment, 98.7 percent of children were up-to-date with immunizations, had all possible immunizations to date, or were exempt from immunizations in accordance with state guidelines.
- Approximately 9 percent of enrolled children were diagnosed with disabilities and 97 percent of these children received special education and related services.

The Migrant and Seasonal Head Start Study (2015–2019) is a descriptive study of the characteristics and experiences of children and families enrolled in a representative sample of MSHS programs. The study will provide information about MSHS programs and the children and families they serve, including bilingual language practice; language functioning for MSHS infants, toddlers and preschoolers; and markers of classroom and program quality. In FY 2016, the project engaged in a planning and design process with guidance from experts and stakeholders from the MSHS community. Data collection began in FY 2017 and includes surveys of program directors, center directors, teachers, parents, and families. For a subsample of centers, classroom observations will examine quality, language use, and cultural responsiveness. In addition, the study includes direct child assessments for a sample of preschool-age children and parent and teacher ratings of children's development for a sample of infants and toddlers.

Appendix A - 2017 Geographic Distribution of Head Start

This appendix presents information on the funded enrollment of HS and EHS programs within states. The within-state numbers do not include MSHS programs. In 2017, MSHS programs were funded to serve approximately 30,600 children birth to 5 years old, whose families move geographically with agricultural work. Thus, allocations and enrollment for these services cannot be attributed to individual states.

The table below displays the funded enrollment by the city of the program's administrative office. Large grantees may serve children in multiple cities, or even across state lines. For such grantees, their program's administrative office may not be located in the same city as service delivery. Current information on individual HS/EHS center locations is available on the Head Start Locator (<http://eclkc.ohs.acf.hhs.gov>). Information on funded enrollment by state in 2017 and prior years is available in ACF Congressional Justification documents and the Head Start Fact Sheets (<https://eclkc.ohs.acf.hhs.gov/about-us/article/head-start-program-facts>).

State	City of Program's Administrative Office	2017 HS Funded Enrollment	2017 EHS Funded Enrollment
AK	Anchorage	1,060	260
AK	Bethel	220	0
AK	Dillingham	80	0
AK	Fairbanks	440	240
AK	Fort Yukon	0	30
AK	Juneau	260	0
AK	Kenai	60	50
AK	Metlakatla	30	40
AK	Nome	170	70
AK	Wasilla	260	90
AL	Auburn	420	150
AL	Birmingham	1,670	380
AL	Carrollton	260	0
AL	Cullman	90	0
AL	Dadeville	530	0
AL	Daphne	430	0
AL	Decatur	1,740	200

AL	Dothan	610	110
AL	Gadsden	340	90
AL	Hayneville	280	0
AL	Jasper	220	0
AL	Livingston	400	160
AL	Marion	180	0
AL	Mobile	1,240	240
AL	Montgomery	1,320	680
AL	Pell City	220	0
AL	Selma	310	0
AL	Talladega	780	170
AL	Troy	660	0
AL	Tuscaloosa	580	140
AL	Tuskegee	270	0
AL	Wetumpka	550	90
AR	Batesville	300	80
AR	Benton	500	20
AR	Bentonville	230	100
AR	Blytheville	720	390
AR	Conway	760	50
AR	El Dorado	720	220
AR	Fayetteville	160	110
AR	Forrest City	80	0
AR	Harrison	260	50
AR	Helena	250	0
AR	Hot Springs	350	240
AR	Jasper	0	50
AR	Jonesboro	660	480
AR	Little Rock	760	300
AR	Pine Bluff	480	90
AR	Pocahontas	190	180

AR	Rison	110	0
AR	Russellville	540	230
AR	Van Buren	250	80
AR	Warren	370	0
AS	Pago Pago	1,330	0
AZ	Casa Grande	680	210
AZ	Flagstaff	1,270	240
AZ	Kykotsmovi	200	0
AZ	Mesa	0	180
AZ	Parker	180	0
AZ	Peach Springs	60	0
AZ	Phoenix	6,070	1,810
AZ	Sacaton	200	150
AZ	San Carlos	230	80
AZ	Scottsdale	100	100
AZ	Sells	220	0
AZ	Somerton	20	0
AZ	Supai	20	20
AZ	Tucson	2,400	520
AZ	Whiteriver	250	0
AZ	Window Rock	2,070	40
AZ	Yuma	950	120
CA	Alameda	170	100
CA	Alturas	0	100
CA	Arcata	360	210
CA	Auberry	20	0
CA	Auburn	350	300
CA	Bakersfield	2,040	700
CA	Baldwin Park	750	260
CA	Bell Gardens	380	120
CA	Berkeley	230	210

CA	Bishop	140	50
CA	Chatsworth	2,340	340
CA	Chula Vista	1,210	570
CA	Colusa	110	60
CA	Concord	1,350	570
CA	Covelo	20	0
CA	Covina	1,980	150
CA	Culver City	0	130
CA	El Centro	870	300
CA	Escondido	0	170
CA	Eureka	60	70
CA	Fremont	0	120
CA	Fresno	2,750	310
CA	Goleta	780	140
CA	Hanford	650	140
CA	Happy Camp	60	0
CA	Havasu Lake	20	0
CA	Hoopa	70	40
CA	Jackson	150	90
CA	Kelseyville	0	70
CA	La Puente	360	0
CA	Livermore	0	90
CA	Los Angeles	5,030	2,430
CA	Madera	260	40
CA	Merced	850	310
CA	Mission Hills	0	140
CA	Modesto	4,390	530
CA	Napa	640	280
CA	North Hollywood	680	180
CA	Oakland	870	810
CA	Orland	110	80

CA	Oxnard	1,020	290
CA	Pasadena	310	630
CA	Pico Rivera	670	0
CA	Pine Valley	20	0
CA	Placerville	310	150
CA	Quincy	150	50
CA	Rancho Cucamonga	220	30
CA	Red Bluff	210	110
CA	Redding	440	330
CA	Riverside	3,160	290
CA	Sacramento	4,490	1,080
CA	Salinas	1,170	80
CA	San Andreas	130	90
CA	San Bernardino	4,100	520
CA	San Diego	5,430	1,680
CA	San Francisco	890	370
CA	San Jose	2,060	580
CA	San Luis Obispo	2,620	1,110
CA	San Mateo	480	250
CA	San Rafael	210	150
CA	Santa Ana	2,460	830
CA	Santa Cruz	400	190
CA	Santa Fe Springs	9,150	1,760
CA	Santa Monica	0	180
CA	Santa Rosa	410	50
CA	Signal Hill	1,530	160
CA	Smith River	30	0
CA	Stockton	1,580	170
CA	Torrance	0	100
CA	Ukiah	320	140
CA	Union City	930	190

CA	Visalia	1,420	200
CA	Wilmington	0	90
CA	Winterhaven	90	0
CA	Woodland	270	90
CA	Yreka	0	90
CA	Yuba City	1,310	360
CO	Akron	40	0
CO	Alamosa	0	70
CO	Arvada	370	0
CO	Brush	70	0
CO	Canon City	160	80
CO	Center	60	0
CO	Colorado Springs	960	200
CO	Cripple Creek	20	70
CO	Del Norte	80	0
CO	Denver	3,380	590
CO	Dillon	40	20
CO	Durango	210	60
CO	Eagle	70	80
CO	Englewood	230	240
CO	Fort Collins	280	110
CO	Fort Morgan	110	0
CO	Grand Junction	180	0
CO	Greeley	560	50
CO	Ignacio	80	40
CO	Iliff	70	0
CO	La Junta	770	110
CO	Lafayette	130	0
CO	Lakewood	90	20
CO	Leadville	70	0
CO	Limon	50	0

CO	Longmont	160	70
CO	Loveland	140	0
CO	Monte Vista	60	0
CO	Montrose	100	0
CO	Salida	60	60
CO	Towaoc	60	0
CO	Westminster	450	0
CO	Wray	30	0
CT	Bridgeport	690	160
CT	Danbury	310	40
CT	Derby	310	280
CT	East Hartford	160	0
CT	Hampton	220	180
CT	Hartford	670	90
CT	Litchfield	190	30
CT	Manchester	270	50
CT	Meriden	160	0
CT	Middletown	0	60
CT	New Britain	270	0
CT	New Haven	780	240
CT	Norwalk	180	0
CT	Norwich	330	80
CT	Stamford	220	30
CT	West Haven	140	0
DC	Washington	2,310	1,220
DE	Dover	0	140
DE	Newark	510	230
DE	Wilmington	490	0
FL	Bartow	940	0
FL	Belle Glade	170	0
FL	Bonifay	200	40

FL	Boynton Beach	0	150
FL	Brooksville	980	110
FL	Clearwater	0	90
FL	Cocoa	620	0
FL	Daytona Beach	0	50
FL	Fort Lauderdale	2,040	80
FL	Fort Myers	720	200
FL	Fort Walton Beach	260	60
FL	Gainesville	640	0
FL	Hobe Sound	0	40
FL	Homestead	0	140
FL	Immokalee	2,600	800
FL	Jacksonville	2,680	1,110
FL	Key West	180	0
FL	Lake Alfred	690	140
FL	Lake City	280	190
FL	Lakeland	0	90
FL	Land O Lakes	660	130
FL	Largo	1,440	160
FL	Marianna	210	30
FL	Miami	6,310	1,210
FL	Miami Gardens	0	750
FL	Milton	240	40
FL	Naples	410	0
FL	Orlando	1,970	740
FL	Panama City	390	200
FL	Pensacola	860	80
FL	Perry	150	0
FL	Punta Gorda	300	60
FL	Quincy	260	0
FL	Saint Augustine	140	0

FL	Sarasota	770	410
FL	Stuart	260	0
FL	Tallahassee	380	330
FL	Tampa	3,110	470
FL	Vero Beach	340	0
FL	West Palm Beach	2,030	270
FL	Wewahitchka	180	150
GA	Athens	140	160
GA	Atlanta	3,600	990
GA	Augusta	1,840	70
GA	Brunswick	870	110
GA	Cartersville	610	100
GA	Clarkston	1,100	240
GA	Columbus	1,570	450
GA	Cuthbert	130	0
GA	Eatonton	180	0
GA	Fayetteville	160	80
GA	Forest Park	350	70
GA	Fort Valley	360	560
GA	Gainesville	2,010	140
GA	Jackson	320	130
GA	Macon	590	200
GA	Milledgeville	210	0
GA	Monticello	80	0
GA	Moultrie	1,810	320
GA	Rossville	570	390
GA	Sandersville	380	0
GA	Savannah	640	110
GA	Sparta	130	70
GA	Swainsboro	0	60
GA	Valdosta	910	0

GA	Warner Robins	940	0
GA	Waycross	720	210
GA	Waynesboro	0	90
GU	Barrigada	530	0
HI	Honolulu	2,000	360
HI	Kailua-Kona	0	90
HI	Lihue	90	40
HI	Wailuku	250	120
IA	Burlington	260	70
IA	Carroll	250	40
IA	Chariton	180	30
IA	Creston	110	0
IA	Davenport	370	100
IA	Decorah	230	80
IA	Des Moines	840	180
IA	Dubuque	230	0
IA	Fort Dodge	160	80
IA	Graettinger	310	180
IA	Harlan	490	140
IA	Hiawatha	640	110
IA	Marshalltown	210	80
IA	Mason City	230	20
IA	Ottumwa	270	0
IA	Remsen	180	70
IA	Sioux City	360	90
IA	Waterloo	550	340
ID	Boise	390	230
ID	Caldwell	800	30
ID	Coeur d'Alene	290	0
ID	Fort Hall	70	0
ID	Idaho Falls	210	70

ID	Lapwai	100	80
ID	Lewiston	310	80
ID	Payette	410	150
ID	Plummer	40	40
ID	Pocatello	180	0
ID	Twin Falls	470	90
IL	Alton	510	290
IL	Aurora	790	170
IL	Bloomington	220	90
IL	Breese	0	50
IL	Carbondale	350	0
IL	Centralia	440	0
IL	Chicago	17,260	4,930
IL	Danville	350	70
IL	Decatur	380	70
IL	East Peoria	330	0
IL	Edwardsville	1,160	210
IL	Effingham	410	120
IL	Enfield	270	200
IL	Evanston	210	180
IL	Freeport	190	0
IL	Gillespie	230	10
IL	Greenup	450	0
IL	Joliet	510	190
IL	Kankakee	380	100
IL	La Grange Park	380	170
IL	Lincoln	280	90
IL	Maywood	0	100
IL	Monmouth	290	20
IL	Mount Sterling	170	170
IL	Mount Vernon	220	0

IL	Peoria	590	110
IL	Quincy	300	0
IL	Rock Falls	530	120
IL	Rock Island	630	0
IL	Rockford	590	130
IL	Springfield	1,000	100
IL	Steeleville	310	0
IL	Ullin	450	90
IL	University Park	0	70
IL	Urbana	440	140
IL	Waukegan	540	0
IL	West Chicago	100	0
IL	West Frankfort	0	90
IL	Woodstock	270	0
IN	Aurora	270	0
IN	Bloomington	270	60
IN	Cloverdale	420	40
IN	Columbus	310	80
IN	Connersville	160	0
IN	Covington	290	80
IN	Evansville	540	120
IN	Fort Wayne	590	70
IN	Fremont	190	0
IN	Garrett	140	60
IN	Huntington	0	80
IN	Indianapolis	1,440	210
IN	Jasper	190	0
IN	Jeffersonville	250	70
IN	Kokomo	290	110
IN	Lafayette	330	90
IN	Liberty	50	20

IN	Logansport	180	0
IN	Madison	200	0
IN	Marion	130	130
IN	Merrillville	1,230	340
IN	Michigan City	310	0
IN	Mitchell	220	70
IN	Monon	150	0
IN	New Albany	280	0
IN	New Castle	250	0
IN	Plymouth	150	40
IN	Portland	310	0
IN	Richmond	310	70
IN	South Bend	1,020	210
IN	Tell City	290	80
IN	Terre Haute	150	80
IN	Vincennes	330	100
IN	Warsaw	140	40
KS	Arkansas City	150	0
KS	Clay Center	120	80
KS	Dodge City	220	80
KS	Garden City	350	130
KS	Girard	470	280
KS	Hays	120	100
KS	Hiawatha	290	160
KS	Horton	30	40
KS	Hutchinson	220	100
KS	Junction City	150	0
KS	Kansas City	880	380
KS	Manhattan	170	20
KS	Mayetta	30	10
KS	McPherson	200	0

KS	Newton	130	0
KS	Oakley	210	40
KS	Olathe	180	0
KS	Ottawa	260	130
KS	Overland Park	110	110
KS	Salina	300	180
KS	Topeka	330	80
KS	Wellington	80	20
KS	Wichita	420	190
KY	Ashland	280	0
KY	Booneville	0	50
KY	Bowling Green	770	30
KY	Carrollton	110	80
KY	Covington	450	80
KY	Flemingsburg	330	0
KY	Frankfort	300	0
KY	Gray	740	290
KY	Hardinsburg	120	0
KY	Hazard	550	110
KY	Jackson	320	0
KY	Jamestown	610	40
KY	Lebanon	470	20
KY	Leitchfield	110	110
KY	Lexington	1,090	460
KY	Louisville	1,320	230
KY	Murray	440	120
KY	Olive Hill	310	0
KY	Owensboro	1,600	410
KY	Paducah	240	0
KY	Paintsville	1,130	0
KY	Paris	180	0

KY	Pineville	300	80
KY	Richmond	800	110
KY	Shelbyville	360	280
KY	Stanford	180	30
KY	West Liberty	410	70
KY	Williamstown	100	0
LA	Alexandria	610	220
LA	Bastrop	310	0
LA	Baton Rouge	1,500	220
LA	Belle Chasse	110	0
LA	Bossier City	400	40
LA	Chalmette	110	0
LA	Columbia	100	0
LA	Crowley	390	0
LA	DeRidder	70	0
LA	Donaldsonville	250	0
LA	Franklin	650	0
LA	Hackberry	50	0
LA	Hammond	180	0
LA	Houma	170	0
LA	Jefferson	570	140
LA	Jennings	180	0
LA	Jonesboro	390	0
LA	Lafayette	1,230	370
LA	Lake Charles	450	0
LA	Leesville	230	0
LA	Luling	200	40
LA	Lutcher	190	0
LA	Many	210	0
LA	Mathews	290	0
LA	Minden	310	0

LA	Monroe	0	130
LA	Moreauville	240	10
LA	Napoleonville	100	0
LA	Natchitoches	310	0
LA	New Orleans	2,260	1,070
LA	New Roads	150	0
LA	Oberlin	150	0
LA	Opelousas	710	110
LA	Plaquemine	280	0
LA	Port Allen	140	0
LA	Reserve	190	0
LA	Robert	1,370	380
LA	Ruston	340	0
LA	Saint Francisville	50	40
LA	Shreveport	1,560	80
LA	Sicily Island	440	0
LA	Tallulah	420	70
LA	Ville Platte	230	0
LA	Winnsboro	140	0
MA	Boston	1,940	420
MA	Brockton	690	0
MA	Chelsea	220	0
MA	Dedham	0	80
MA	East Weymouth	0	70
MA	Fall River	370	40
MA	Fitchburg	390	20
MA	Framingham	360	0
MA	Gloucester	310	20
MA	Greenfield	340	110
MA	Haverhill	170	160
MA	Hyannis	380	0

MA	Lawrence	460	120
MA	Lowell	470	110
MA	Lynn	260	120
MA	New Bedford	290	0
MA	Oak Bluffs	40	0
MA	Pittsfield	320	0
MA	Plymouth	200	70
MA	Quincy	170	80
MA	Roxbury	110	170
MA	Somerville	270	0
MA	Springfield	1,070	160
MA	Taunton	220	210
MA	Watertown	240	40
MA	Worcester	820	60
MD	Annapolis	400	0
MD	Baltimore	3,730	760
MD	Columbia	260	0
MD	Cumberland	280	40
MD	Frederick	240	0
MD	Gaithersburg	0	140
MD	Hagerstown	380	110
MD	Havre de Grace	0	60
MD	Hughesville	120	0
MD	Huntingtown	170	0
MD	Hyattsville	930	0
MD	Loveville	170	0
MD	Oakland	180	110
MD	Rockville	650	150
MD	Salisbury	760	170
MD	Takoma Park	0	70
MD	Westminster	120	70

ME	Bangor	310	80
ME	Bath	180	70
ME	Belfast	130	40
ME	Calais	20	0
ME	Ellsworth	150	10
ME	Farmingdale	210	70
ME	Houlton	20	0
ME	Lewiston	200	50
ME	Presque Isle	190	60
ME	Sanford	190	50
ME	South Paris	290	190
ME	South Portland	200	80
ME	Waterville	260	120
MI	Adrian	250	80
MI	Allegan	250	80
MI	Alpena	2,360	320
MI	Ann Arbor	470	40
MI	Battle Creek	720	110
MI	Bessemer	90	30
MI	Caro	0	150
MI	Centreville	0	40
MI	Clinton Township	840	180
MI	Coldwater	230	70
MI	Dearborn	770	360
MI	Detroit	3,210	1,520
MI	Escanaba	250	80
MI	Farwell	0	140
MI	Flint	1,820	680
MI	Grand Rapids	0	90
MI	Greenville	670	270
MI	Houghton	240	140

MI	Howell	170	0
MI	Inkster	320	130
MI	Jackson	690	170
MI	Kalamazoo	600	0
MI	Kingsford	200	50
MI	Lansing	1,460	280
MI	Marquette	280	40
MI	Monroe	270	70
MI	Muskegon	620	140
MI	Paw Paw	700	200
MI	Peshawbestown	40	50
MI	Pontiac	910	270
MI	Port Huron	330	110
MI	Saginaw	860	160
MI	Sault Sainte Marie	530	280
MI	Sault Ste. Marie	80	40
MI	Scottville	360	100
MI	Southfield	160	0
MI	Southgate	430	80
MI	Traverse City	650	260
MI	Walker	1,430	90
MI	Wayne	360	150
MI	Zeeland	290	60
MN	Badger	170	80
MN	Bemidji	210	80
MN	Blaine	520	170
MN	Cass Lake	190	70
MN	Cloquet	100	80
MN	Crookston	870	190
MN	Detroit Lakes	280	200
MN	Duluth	240	0

MN	Elbow Lake	340	40
MN	Grand Portage	20	0
MN	Grand Rapids	200	0
MN	Little Falls	360	280
MN	Mankato	470	0
MN	Maple Lake	210	20
MN	Minneapolis	1,790	330
MN	Montevideo	190	0
MN	Moorhead	160	70
MN	Mora	220	120
MN	Morton	0	50
MN	Nett Lake	40	30
MN	Ogema	120	40
MN	Oklee	120	50
MN	Onamia	50	80
MN	Redlake	130	0
MN	Rochester	390	210
MN	Rushford	250	70
MN	Saint Cloud	270	70
MN	Shakopee	220	60
MN	Saint Paul	1,240	150
MN	Virginia	290	90
MN	Willmar	410	50
MN	Worthington	150	0
MN	Zumbrota	210	0
MO	Appleton City	410	110
MO	Columbia	300	180
MO	Hannibal	350	220
MO	Hillsboro	350	90
MO	Joplin	550	270
MO	Kansas City	1,960	490

MO	Kirksville	220	30
MO	Marshall	430	80
MO	Maryville	170	0
MO	Park Hills	540	0
MO	Portageville	950	230
MO	Richland	440	40
MO	Saint Charles	500	800
MO	Saint Joseph	270	1200
MO	Saint Louis	2,020	420
MO	Sedalia	0	170
MO	Springfield	800	190
MO	Trenton	210	20
MO	West Plains	510	0
MO	Winona	420	170
MP	Saipan	460	60
MS	Biloxi	0	100
MS	Choctaw	210	60
MS	Clarksdale	590	0
MS	Cleveland	700	120
MS	Columbia	1,060	130
MS	Flowood	2,730	340
MS	Greenville	940	170
MS	Gulfport	1,370	0
MS	Hattiesburg	570	110
MS	Holly Springs	3,850	250
MS	Indianola	350	190
MS	Jackson	5,840	680
MS	Leland	0	200
MS	Lucedale	130	20
MS	Moss Point	560	30
MS	Natchez	870	40

MS	Picayune	0	200
MS	Prentiss	860	0
MS	Winona	720	200
MT	Anaconda	70	180
MT	Billings	360	30
MT	Box Elder	150	90
MT	Bozeman	150	0
MT	Browning	290	120
MT	Butte	190	40
MT	Crow Agency	300	0
MT	Glendive	150	0
MT	Great Falls	350	150
MT	Hamilton	100	120
MT	Harlem	140	50
MT	Havre	120	60
MT	Helena	240	0
MT	Kalispell	190	0
MT	Lame Deer	150	0
MT	Lewistown	120	0
MT	Libby	100	50
MT	Missoula	320	0
MT	Poplar	240	0
MT	Saint Ignatius	180	90
NC	Andrews	180	0
NC	Asheboro	490	0
NC	Asheville	510	170
NC	Bakersville	220	0
NC	Boonville	390	0
NC	Burgaw	200	0
NC	Carrboro	140	0
NC	Chapel Hill	400	320

NC	Charlotte	560	340
NC	Cherokee	140	90
NC	Columbus	80	0
NC	Concord	170	0
NC	Durham	0	170
NC	Edenton	850	0
NC	Fayetteville	790	210
NC	Forest City	210	50
NC	Franklin	180	140
NC	Gastonia	430	0
NC	Goldsboro	410	280
NC	Greensboro	870	540
NC	Henderson	430	0
NC	Hendersonville	250	300
NC	Jacksonville	230	70
NC	Kannapolis	190	0
NC	Kenansville	170	0
NC	Kings Mountain	0	140
NC	Kinston	310	150
NC	Lumberton	1,000	0
NC	Marion	120	60
NC	Monroe	440	130
NC	Morganton	220	220
NC	Newport	620	140
NC	Newton	0	80
NC	North Wilkesboro	150	0
NC	Pembroke	160	40
NC	Raleigh	6,680	1,030
NC	Reidsville	250	0
NC	Rich Square	520	90
NC	Rocky Mount	630	0

NC	Roxboro	110	0
NC	Salisbury	860	240
NC	Shelby	220	0
NC	Smithfield	600	100
NC	Statesville	350	0
NC	Taylorsville	100	0
NC	Waynesville	160	50
NC	Wilmington	260	0
NC	Winston Salem	500	120
ND	Belcourt	330	0
ND	Bismarck	120	10
ND	Devils Lake	180	60
ND	Dickinson	130	60
ND	Fargo	310	60
ND	Fort Totten	70	90
ND	Fort Yates	260	80
ND	Grand Forks	190	0
ND	Jamestown	100	40
ND	Mandan	120	0
ND	Mayville	80	140
ND	Minot	230	80
ND	New Town	160	0
ND	Williston	90	0
NE	Chadron	200	60
NE	Fairbury	240	130
NE	Fremont	60	20
NE	Gering	50	0
NE	Hastings	330	160
NE	Humboldt	150	0
NE	Kearney	340	50
NE	Lincoln	150	270

NE	Loup City	310	210
NE	Macy	100	30
NE	Niobrara	40	0
NE	Omaha	750	420
NE	Papillion	130	100
NE	Pender	270	70
NE	Plattsmouth	100	10
NE	Scottsbluff	250	70
NE	Winnebago	90	70
NH	Berlin	220	0
NH	Concord	200	150
NH	Dover	160	120
NH	Keene	170	0
NH	Manchester	430	120
NJ	Bayonne	160	0
NJ	Bridgeton	1,830	510
NJ	Burlington	430	60
NJ	Camden	660	100
NJ	Dover	200	50
NJ	East Orange	400	100
NJ	Hackensack	1,590	390
NJ	Hoboken	470	240
NJ	Lakewood	0	60
NJ	Montclair	440	50
NJ	Newark	2,820	680
NJ	Passaic	260	0
NJ	Phillipsburg	310	260
NJ	Ringwood	350	140
NJ	Toms River	600	0
NJ	Trenton	270	100
NJ	Vauxhall	0	100

NJ	West New York	370	130
NJ	Woodbury	0	280
NM	Acoma	110	0
NM	Alamo	60	40
NM	Albuquerque	1,540	700
NM	Carlsbad	880	0
NM	Dulce	100	60
NM	Espanola	40	20
NM	Hobbs	260	60
NM	Holman	130	20
NM	Jemez Pueblo	70	0
NM	Laguna	130	70
NM	Las Cruces	640	220
NM	Las Vegas	140	40
NM	Los Lunas	820	0
NM	Mescalero	120	0
NM	Ohkay Owingeh	120	0
NM	Pinehill	60	0
NM	Rio Rancho	50	0
NM	Ruidoso	120	40
NM	San Felipe Pueblo	90	0
NM	Santa Fe	1,010	440
NM	Santo Domingo Pueblo	120	90
NM	Silver City	140	20
NM	Taos	60	0
NM	Tucumcari	330	100
NM	Zuni	150	0
NV	Elko	110	40
NV	Ely	50	40
NV	Gardnerville	90	0
NV	Las Vegas	0	460

NV	Reno	530	250
NV	Sparks	220	0
NY	Akwesasne	60	0
NY	Albany	470	0
NY	Albion	200	100
NY	Auburn	290	80
NY	Ballston Spa	310	120
NY	Bath	280	130
NY	Belmont	200	110
NY	Binghamton	180	0
NY	Bronx	360	300
NY	Brooklyn	5,560	1,360
NY	Buffalo	2,180	540
NY	Canton	350	0
NY	Cobleskill	150	90
NY	Cortland	200	70
NY	Dunkirk	500	160
NY	Elizabethtown	130	70
NY	Elmira	350	0
NY	Elmsford	1,500	300
NY	Fonda	290	0
NY	Forest Hills	0	100
NY	Fulton	220	0
NY	Geneva	150	0
NY	Glen Cove	160	70
NY	Glens Falls	220	70
NY	Hamden	220	0
NY	Haverstraw	850	190
NY	Hempstead	560	0
NY	Hudson	140	0
NY	Hudson Falls	310	110

NY	Irving	80	0
NY	Ithaca	220	130
NY	Johnson City	410	120
NY	Kingston	220	30
NY	Lowville	130	0
NY	Lyons	250	140
NY	Manhasset	50	0
NY	Middletown	180	0
NY	Monroe	190	100
NY	Montour Falls	80	10
NY	Morrisville	0	70
NY	Mount Morris	70	0
NY	New Square	0	140
NY	New York	22,020	3,180
NY	Newburgh	230	0
NY	Norwich	140	90
NY	Olean	320	50
NY	Oneonta	300	100
NY	Patchogue	1,460	270
NY	Plattsburgh	270	50
NY	Port Jefferson	140	140
NY	Rhinebeck	360	200
NY	Richmond Hill	100	90
NY	Rochester	1,110	230
NY	Rockaway Beach	70	100
NY	Schenectady	700	300
NY	South Cairo	170	0
NY	Syracuse	830	210
NY	Troy	420	180
NY	Utica	790	130
NY	Valhalla	1,010	0

NY	Watertown	280	0
NY	West Nyack	0	100
NY	White Plains	190	40
NY	Woodbourne	240	110
NY	Yonkers	170	140
OH	Akron	1,350	120
OH	Ashtabula	310	90
OH	Caldwell	270	150
OH	Canton	770	230
OH	Celina	160	0
OH	Chauncey	260	20
OH	Chillicothe	260	0
OH	Cincinnati	2,940	620
OH	Circleville	210	70
OH	Cleveland	4,040	400
OH	Columbus	2,760	280
OH	Concord Twp	330	0
OH	Coshocton	470	70
OH	Dayton	2,160	520
OH	Defiance	400	0
OH	Findlay	330	0
OH	Fremont	730	290
OH	Georgetown	250	70
OH	Glouster	380	110
OH	Hamilton	820	130
OH	Hillsboro	170	70
OH	Ironton	360	200
OH	Lancaster	180	110
OH	Lebanon	230	150
OH	Lima	370	200
OH	Lisbon	550	0

OH	Lorain	890	40
OH	Mansfield	0	40
OH	Marietta	210	40
OH	Marion	720	50
OH	Mount Vernon	180	80
OH	New Philadelphia	360	0
OH	Newark	400	100
OH	Painesville	0	60
OH	Piketon	200	70
OH	Piqua	1,080	280
OH	Portsmouth	340	110
OH	Ravenna	240	80
OH	Saint Clairsville	190	0
OH	Sandusky	300	0
OH	Toledo	1,030	90
OH	Warren	600	0
OH	Washington Court House	150	140
OH	Wellston	230	0
OH	Wilmington	100	0
OH	Wooster	370	170
OH	Youngstown	770	70
OH	Zanesville	210	20
OK	Ada	260	0
OK	Altus	180	60
OK	Anadarko	80	0
OK	Bartlesville	0	120
OK	Carnegie	110	0
OK	Chickasha	380	100
OK	Claremore	570	140
OK	Concho	130	0

OK	Durant	1,980	250
OK	Hobart	360	20
OK	Hugo	430	180
OK	Jay	390	100
OK	Lindsay	350	60
OK	McLoud	60	0
OK	Muskogee	300	130
OK	Norman	650	320
OK	Oklahoma City	1,940	520
OK	Okmulgee	290	0
OK	Pawhuska	210	0
OK	Pawnee	890	320
OK	Perkins	0	60
OK	Ponca City	40	0
OK	Red Rock	40	0
OK	Shawnee	110	30
OK	Stigler	1,420	20
OK	Tahlequah	680	200
OK	Tecumseh	0	30
OK	Tishomingo	380	0
OK	Tulsa	1490	690
OK	Wewoka	370	60
OR	Albany	160	0
OR	Burns	80	0
OR	Central Point	1,000	160
OR	Coos Bay	390	70
OR	Grand Ronde	20	60
OR	Hermiston	610	130
OR	Hillsboro	780	110
OR	Hood River	340	140
OR	Klamath Falls	330	30

OR	La Grande	190	0
OR	Lebanon	440	50
OR	McMinnville	180	100
OR	Milwaukie	630	90
OR	North Bend	20	0
OR	Ontario	160	20
OR	Pendleton	40	0
OR	Portland	2,490	700
OR	Redmond	420	20
OR	Roseburg	330	60
OR	Saint Helens	370	0
OR	Salem	790	240
OR	Siletz	110	0
OR	Springfield	1,030	90
OR	Warm Springs	130	30
OR	Wilsonville	2,720	730
PA	Allentown	880	230
PA	Altoona	510	0
PA	Bedford	170	80
PA	Bigler	650	220
PA	Bloomsburg	250	0
PA	Blossburg	290	70
PA	Brookville	260	80
PA	Butler	330	190
PA	Chambersburg	320	70
PA	Danville	90	0
PA	Downingtown	340	60
PA	Doylestown	390	30
PA	East Stroudsburg	230	0
PA	Emporium	250	0
PA	Erie	810	80

PA	Farrell	410	70
PA	Franklin	0	120
PA	Gettysburg	220	0
PA	Greensburg	1,580	580
PA	Harrisburg	980	710
PA	Homestead	0	70
PA	Huntingdon	220	70
PA	Indiana	280	50
PA	Johnstown	330	100
PA	Kittanning	230	0
PA	Lancaster	1,040	0
PA	McConnellsburg	0	30
PA	Mifflinburg	340	150
PA	Mifflintown	110	60
PA	Milton	220	80
PA	Minersville	350	0
PA	Morton	800	150
PA	New Castle	470	70
PA	Norristown	450	0
PA	Oil City	480	70
PA	Philadelphia	7,140	720
PA	Pittsburgh	3,460	970
PA	Reading	640	0
PA	Scranton	1,100	240
PA	Shippensburg	60	40
PA	Somerset	110	50
PA	Warren	190	0
PA	Washington	570	110
PA	Wilkes Barre	730	200
PA	Williamsport	400	110
PA	York	530	100

PR	Adjuntas	140	0
PR	Arecibo	610	330
PR	Barceloneta	1,800	160
PR	Bayamón	1,830	90
PR	Caguas	2,080	950
PR	Canovanas	400	0
PR	Carolina	760	160
PR	Catano	0	90
PR	Dorado	0	80
PR	Guayama	990	130
PR	Guaynabo	1,020	110
PR	Hormigueros	90	270
PR	Humacao	570	290
PR	Isabela	130	80
PR	Manatí	510	70
PR	Mayagüez	1,050	0
PR	Orocovis	740	90
PR	Patillas	120	0
PR	Ponce	1,680	70
PR	Sabana Grande	0	50
PR	San Germán	180	120
PR	San Juan	8380	1130
PR	San Sebastian	0	70
PR	Santurce	0	90
PR	Utua	740	70
PR	Vega Baja	160	0
PW	Koror	350	0
RI	Cranston	180	20
RI	Johnston	210	90
RI	Newport	260	110
RI	Providence	980	370

RI	Warwick	270	110
RI	Woonsocket	190	0
SC	Beaufort	440	120
SC	Charleston	880	150
SC	Cheraw	510	0
SC	Columbia	810	640
SC	Conway	600	50
SC	Florence	740	70
SC	Goose Creek	620	0
SC	Greenville	1,480	230
SC	Greenwood	1,560	170
SC	Hartsville	300	0
SC	Lancaster	150	140
SC	North Charleston	0	120
SC	Orangeburg	700	50
SC	Rock Hill	810	40
SC	Spartanburg	570	330
SC	Sumter	0	100
SC	Walterboro	300	10
SD	Aberdeen	380	0
SD	Agency Village	150	40
SD	Belle Fourche	100	60
SD	Eagle Butte	250	0
SD	Kyle	490	100
SD	Lower Brule	60	0
SD	Madison	210	180
SD	Pierre	140	50
SD	Rapid City	600	310
SD	Rosebud	320	90
SD	Sioux Falls	410	0
SD	Vermillion	170	80

SD	Wagner	380	0
TN	Chattanooga	620	380
TN	Clarksville	270	0
TN	Cleveland	470	70
TN	Clinton	290	70
TN	Cookeville	1,340	0
TN	Erin	230	0
TN	Fayetteville	950	170
TN	Henderson	560	0
TN	Jasper	320	80
TN	Kingsport	1,050	0
TN	Kingston	240	120
TN	Knoxville	740	140
TN	McKenzie	1,010	170
TN	Memphis	3200	380
TN	Morristown	890	70
TN	Murfreesboro	840	130
TN	Nashville	1,370	310
TN	Tazewell	460	60
TN	Wartburg	150	40
TX	Abilene	1,040	300
TX	Alamo	0	70
TX	Alice	1,090	270
TX	Amarillo	1,340	420
TX	Angleton	430	60
TX	Austin	1,900	300
TX	Bastrop	310	230
TX	Beaumont	510	0
TX	Bellaire	2,530	490
TX	Bonham	140	0
TX	Bryan	470	70

TX	Carrizo Springs	590	120
TX	Center	430	190
TX	College Station	200	100
TX	Cooper	50	0
TX	Corpus Christi	1,140	220
TX	Crowell	290	140
TX	Dallas	3,910	910
TX	Del Rio	350	0
TX	Denton	190	0
TX	Detroit	130	0
TX	Eagle Pass	30	0
TX	Edinburg	0	370
TX	El Paso	3,980	390
TX	Fort Stockton	120	0
TX	Fort Worth	2,010	440
TX	Galveston	400	0
TX	Georgetown	470	260
TX	Greenville	160	0
TX	Hitchcock	220	0
TX	Houston	4,970	660
TX	Irving	0	70
TX	Kaufman	90	0
TX	Kerrville	90	0
TX	Kilgore	2,120	130
TX	Lamesa	290	140
TX	Laredo	7,020	250
TX	Levelland	1,030	210
TX	Linden	520	0
TX	Livingston	100	0
TX	Lubbock	540	100
TX	McAllen	3,690	0

TX	Midland	200	30
TX	Mount Pleasant	260	80
TX	Nacogdoches	580	100
TX	New Caney	800	550
TX	Odessa	750	90
TX	Orange	240	0
TX	Paris	210	0
TX	Plano	150	0
TX	Port Arthur	390	0
TX	Richardson	950	170
TX	Rio Hondo	2,710	210
TX	San Angelo	690	110
TX	San Antonio	9,070	1,550
TX	San Marcos	380	160
TX	San Saba	570	40
TX	Snyder	80	60
TX	Sulphur Springs	180	0
TX	Temple	380	180
TX	Terrell	150	0
TX	Texarkana	0	70
TX	Texas City	150	0
TX	Tulia	90	0
TX	Tyler	430	0
TX	Waco	870	130
TX	Weatherford	890	290
TX	Wichita Falls	630	100
UT	Cedar City	380	0
UT	Fort Duchesne	220	0
UT	Kaysville	400	100
UT	Logan	360	180
UT	Ogden	570	30

UT	Orem	0	160
UT	Price	260	100
UT	Provo	740	10
UT	Saint George	0	130
UT	Salt Lake City	2,260	580
VA	Abingdon	250	130
VA	Alexandria	310	160
VA	Arlington	60	240
VA	Ashburn	100	0
VA	Ashland	110	0
VA	Charlottesville	210	0
VA	Chatham	240	0
VA	Chesterfield	200	0
VA	Culpeper	130	80
VA	Danville	200	0
VA	Emporia	260	0
VA	Exmore	220	0
VA	Fairfax	430	300
VA	Falls Church	0	80
VA	Farmville	230	60
VA	Franklin	300	260
VA	Fredericksburg	140	0
VA	Galax	150	120
VA	Grundy	150	0
VA	Henrico	170	0
VA	Hopewell	160	0
VA	Jonesville	200	0
VA	Lynchburg	450	0
VA	Madison	200	0
VA	Manassas	400	0
VA	Marion	170	0

VA	Newport News	1,280	30
VA	North Tazewell	170	40
VA	Norton	260	120
VA	Oakton	200	280
VA	Orange	120	60
VA	Radford	320	0
VA	Richmond	1,020	60
VA	Roanoke	780	360
VA	Rocky Mount	140	80
VA	South Boston	180	0
VA	Spotsylvania	120	0
VA	Stafford	250	30
VA	Verona	250	30
VA	Virginia Beach	230	0
VA	Warrenton	140	0
VA	Warsaw	120	0
VA	Weber City	170	20
VA	West Point	220	70
VA	Williamsburg	260	150
VA	Winchester	160	0
VI	Frederiksted	0	120
VI	Saint Thomas	890	0
VT	Barre	150	160
VT	Barton	170	100
VT	Brattleboro	70	110
VT	Burlington	280	60
VT	North Bennington	120	50
VT	Rutland	120	0
VT	Springfield	90	0
WA	Anacortes	30	0
WA	Auburn	90	0

WA	Bellingham	370	110
WA	Bremerton	360	270
WA	Centralia	180	0
WA	Cheney	0	120
WA	Colville	130	0
WA	Deming	60	0
WA	Ellensburg	110	50
WA	Everett	280	210
WA	Kingston	20	40
WA	La Push	50	0
WA	Longview	250	60
WA	Moses Lake	140	130
WA	Mount Vernon	340	90
WA	Neah Bay	50	30
WA	Nespelem	120	0
WA	Oakville	50	40
WA	Olympia	40	20
WA	Omak	140	110
WA	Port Angeles	160	60
WA	Poulsbo	40	40
WA	Pullman	60	20
WA	Renton	1,530	360
WA	Richland	390	60
WA	Seattle	750	860
WA	Sedro Woolley	40	0
WA	Skokomish Nation	40	0
WA	Spokane	670	320
WA	Sunnyside	2860	260
WA	Tacoma	560	0
WA	Taholah	60	40
WA	Tulalip	0	70

WA	Tumwater	670	0
WA	Vancouver	540	240
WA	Walla Walla	230	0
WA	Wapato	170	0
WA	Wellpinit	70	0
WA	Wenatchee	210	80
WA	Yakima	600	90
WI	Bayfield	50	70
WI	Beloit	270	130
WI	Black River Falls	110	0
WI	Bowler	20	0
WI	Dodgeville	150	140
WI	Fitchburg	650	180
WI	Fond du Lac	260	0
WI	Green Bay	340	0
WI	Hayward	100	90
WI	Independence	450	40
WI	Jefferson	270	0
WI	Kenosha	330	100
WI	Keshena	180	70
WI	La Crosse	410	0
WI	Lac du Flambeau	50	50
WI	Ladysmith	360	100
WI	Madison	0	60
WI	Manitowoc	220	100
WI	Merrill	90	0
WI	Milwaukee	3,460	690
WI	Odanah	60	0
WI	Oneida	110	60
WI	Oshkosh	500	0
WI	Portage	350	150

WI	Rhineland	400	80
WI	Sheboygan	160	10
WI	Stevens Point	300	110
WI	Superior	390	80
WI	Turtle Lake	440	250
WI	Waukesha	280	180
WI	Wausau	190	0
WI	Webster	30	0
WI	West Bend	120	0
WI	Wisconsin Rapids	230	60
WV	Beckley	320	50
WV	Bluefield	310	140
WV	Buckhannon	190	0
WV	Charleston	1380	0
WV	Clarksburg	350	0
WV	Fairmont	770	80
WV	Huntington	700	130
WV	Keyser	130	0
WV	Lewisburg	140	0
WV	Logan	250	0
WV	Martinsburg	410	110
WV	Matheny	160	130
WV	Moorefield	260	0
WV	Morgantown	0	120
WV	Oak Hill	250	40
WV	Summersville	120	0
WV	Sutton	110	0
WV	Union	60	40
WV	Wheeling	390	210
WV	Williamson	580	10
WY	Cheyenne	160	40

WY	Evanston	0	70
WY	Fort Washakie	200	100
WY	Gillette	0	40
WY	Guernsey	370	120
WY	Jackson	40	50
WY	Laramie	80	0
WY	Mountain View	100	0
WY	Rawlins	80	0
WY	Rock Springs	100	0
WY	Worland	300	40

Appendix B - Excerpts from FY 2017 Head Start Fact Sheet

Annual Federal Funding and Funded Enrollment by State

The Head Start program serves children, families, and pregnant women in all 50 states, the District of Columbia, and six territories. The table in this section presents the total actual funding awarded and funded enrollment of Head Start programs in each state and territory.

American Indian and Alaska Native (AIAN) funding is awarded to AIAN tribal governments. AIAN programs operate in 26 states, and in some cases their services cross state lines. Migrant and Seasonal Head Start (MSHS) funding and funded enrollment are shown as one total, as this program supports children and families who receive services in various states during the year. Thus, federal funding and funded enrollment for these services cannot simply be attributed to individual states.

<i>Annual Federal Funding and Funded Enrollment</i>				
<i>State/Territory</i>	Head Start (excl. AIAN)		AIAN¹	
	Federal Funding	Funded Enrollment	Federal Funding	Funded Enrollment
<i>Alabama</i>	\$139,559,876	15,631		
<i>Alaska</i>	\$16,520,308	1,506	\$26,845,416	1,845
<i>Arizona</i>	\$147,668,314	13,581	\$40,606,985	3,939
<i>Arkansas</i>	\$90,071,346	9,983		
<i>California</i>	\$1,141,493,769	92,687	\$10,834,158	831
<i>Colorado</i>	\$100,896,672	10,190	\$2,489,164	183
<i>Connecticut</i>	\$65,149,906	6,140		
<i>Delaware</i>	\$18,981,888	2,194		
<i>District of Columbia</i>	\$31,039,253	3,533		
<i>Florida</i>	\$366,644,876	39,697		
<i>Georgia</i>	\$229,928,415	24,597		
<i>Hawaii</i>	\$28,202,845	2,950		
<i>Idaho</i>	\$32,293,169	2,986	\$3,823,120	319
<i>Illinois</i>	\$353,165,142	39,133		
<i>Indiana</i>	\$134,560,221	14,203		
<i>Iowa</i>	\$67,089,324	7,449		
<i>Kansas</i>	\$69,953,550	7,412	\$1,668,908	109
<i>Kentucky</i>	\$151,698,092	15,984		
<i>Louisiana</i>	\$182,861,782	21,147		
<i>Maine</i>	\$36,450,715	3,098	\$809,872	60
<i>Maryland</i>	\$99,919,960	10,069		

<i>Massachusetts</i>	\$139,818,066	12,008		
<i>Michigan</i>	\$313,862,640	30,248	\$7,077,751	598
<i>Minnesota</i>	\$100,504,174	11,338	\$12,563,619	1,009
<i>Mississippi</i>	\$200,857,179	23,902	\$2,202,100	268
<i>Missouri</i>	\$162,556,555	14,997		
<i>Montana</i>	\$31,167,253	3,079	\$17,080,549	1,790
<i>Nebraska</i>	\$49,547,684	4,829	\$4,642,384	330
<i>Nevada</i>	\$37,053,862	3,096	\$3,832,290	362
<i>New Hampshire</i>	\$18,311,447	1,563		
<i>New Jersey</i>	\$167,287,070	15,943		
<i>New Mexico</i>	\$67,976,241	7,512	\$17,704,472	1,713
<i>New York</i>	\$549,935,156	50,432	\$1,271,558	143
<i>North Carolina</i>	\$204,907,482	21,403	\$2,766,454	230
<i>North Dakota</i>	\$22,032,234	1,988	\$10,204,063	983
<i>Ohio</i>	\$331,997,649	35,365		
<i>Oklahoma</i>	\$115,335,976	14,409	\$29,373,619	3,075
<i>Oregon</i>	\$88,884,019	12,913	\$4,135,369	408
<i>Pennsylvania</i>	\$305,318,439	35,866		
<i>Rhode Island</i>	\$29,737,698	2,781		
<i>South Carolina</i>	\$113,725,844	12,604	\$924,667	80
<i>South Dakota</i>	\$24,713,597	2,764	\$19,342,076	1,806
<i>Tennessee</i>	\$157,404,163	17,260		
<i>Texas</i>	\$623,119,626	72,402	\$431,549	34
<i>Utah</i>	\$59,919,954	5,715	\$1,851,511	215
<i>Vermont</i>	\$19,123,591	1,473		
<i>Virginia</i>	\$133,468,488	14,264		
<i>Washington</i>	\$142,530,419	11,962	\$17,376,824	1,451
<i>West Virginia</i>	\$65,472,936	7,947		
<i>Wisconsin</i>	\$127,252,828	13,820	\$11,101,386	1,032
<i>Wyoming</i>	\$17,533,594	1,590	\$2,775,936	295
<i>American Samoa</i>	\$3,669,962	1,332		
<i>Guam</i>	\$2,989,632	534		
<i>No. Marianas</i>	\$3,220,853	526		
<i>Palau</i>	\$1,685,246	350		
<i>Puerto Rico</i>	\$293,708,647	32,223		
<i>Virgin Islands</i>	\$9,891,940	1,014		
<i>Subtotal:</i>	<i>\$8,240,671,567</i>	<i>845,622</i>	<i>\$253,735,800</i>	<i>23,108</i>
<i>MSHS</i>	\$383,009,323	30,644		
Total				
Funding		\$8,877,416,690		
Enrollment		899,374		

¹AIAN funding is awarded to American Indian and Alaska Native tribes. For reference, the funding and enrollment has been split out by the state in which the Tribe is headquartered. Some tribes serve children across state lines.

Program Year Statistics

Each year, Head Start programs are required to submit Program Information Reports (PIR) on the services they have provided to children and families throughout the program year, including child, family, and staff demographics and program characteristics.

For a copy of the PIR form, detailed reports, and data sets for the 2017 PIR and prior years, and for further information, please visit <http://eclkc.ohs.acf.hhs.gov/pir>.

Program Characteristics

- Thirty-three percent of grantees operated Head Start preschool services only.
- Twenty-five percent of grantees operated Early Head Start (EHS) services only.
- Forty-two percent of grantees operated both Head Start and EHS services.

Most Head Start preschool services were provided in center-based settings that, based on local design, vary in the number of days per week and hours per day classes are in session. Over half of EHS services were provided in center-based settings, and less than half were offered in home-based program settings.

The full FY 2017 Head Start Fact Sheet is available at <https://eclkc.ohs.acf.hhs.gov/about-us/article/head-start-program-facts>.

Appendix C - 2017 National-Level Program Information Report

This report was pulled on June 7, 2018. Programs can make corrections to submitted Program Information Reports (PIRs). For the most current PIR, contact the Head Start Enterprise System (HSES) help desk to request access to the PIR reports.

Email: help@hsesinfo.org

Toll Free: 1-866-771-4737 **Local:** 703-312-5363

Hours of Operation:

Monday–Friday 8 a.m.–7 p.m. ET (excluding federal holidays and weather-related federal office closures)



Office of Head Start - Program Information Report (PIR)

Summary Report - 2017 - National Level

For a summary of the filters selected to generate this report, please see the last page of this document.

A. PROGRAM INFORMATION

<i>Program Types</i>	<i>Number of Programs</i>
Total	2,969
Head Start	1,610
Early Head Start	1,100
Migrant and Seasonal Head Start	40
Migrant and Seasonal Early Head Start	15
American Indian/Alaska Native Head Start	147
American Indian/Alaska Native Early Head Start	57

<i>Agency Types</i>	<i>Number of Programs</i>
Community action agency (CAA)	879
Government agency (non-CAA)	200
Charter school	1
Private/public for-profit (e.g., for-profit hospitals)	21
Private/public nonprofit (non-CAA) (e.g., church, nonprofit hospital)	1,228
School system	447
Tribal government or consortium (American Indian/Alaska Native)	192

<i>Agency Descriptions</i>	<i>Number of Programs</i>
Delegate agency	466
Grantee that delegates all of its programs; it operates no programs directly and maintains no central office staff	8
Grantee that directly operates program(s) and has no delegates	2,355
Grantee that directly operates programs and delegates service delivery	108
Grantee that maintains central office staff only and operates no program(s) directly	32

FUNDED ENROLLMENT

Funded Enrollment by Funding Source

	<i>Number of Children/ Pregnant Women</i>
A.2 Total funded enrollment	881,850
a. ACF-funded enrollment	857,589
b. Non-ACF-funded enrollment	23,349
c. Maternal, Infant, and Early Childhood Home Visiting (MIECHV)-funded enrollment	912

Funded Enrollment by Program Option—Children

	<i>Number of Children</i>
A.3 Center-based program—5 days per week:	
a. Full-day enrollment	442,467
1. Of these, the number available as full-working-day enrollment	131,268
a. Of these, the number available for full calendar year	75,276
b. Part-day enrollment	152,617
1. Of these, the number in double sessions	13,894
A.4 Center-based program—4 days per week:	
a. Full-day enrollment	41,719
b. Part-day enrollment	154,632
1. Of these, the number in double sessions	81,522

A.5 Home-based program	68,896
A.6 Combination option program	5,708
A.7 Family childcare program	4,808
a. Of these, the number available as full-working-day enrollment	3,147
1. Of these, the number available for full calendar year	1,709
A.8 Locally designed option	5,082

Funded Enrollment of Pregnant Women (EHS Programs)

	<i>Number of Pregnant Women</i>
A.9 Total number of pregnant women positions in funded enrollment	5,921

Funded Enrollment at Childcare Partner

	<i>Number of Children</i>
A.10 The number of funded enrollment positions at center-based childcare partners with whom the program has formal contractual arrangements	34,208
A.11 Total funded enrollment at childcare partners (A.10, center-based partner and A.7, family childcare program option)	39,016

CLASSES

	<i>Number of Classes</i>
A.12 Total number of classes operated	53,196
a. Of these, the number of double-session classes	7,008

CUMULATIVE ENROLLMENT

Children by Age

	<i>Number of Children at Enrollment</i>
A.13 Children by age:	
a. Under 1 year	50,798

b. 1 year old	59,280
c. 2 years old	92,211
d. 3 years old	372,136
e. 4 years old	427,449
f. 5 years and older	13,862

Pregnant Women (EHS Programs)

	<i>Number of Pregnant Women</i>
A.14 Cumulative enrollment of pregnant women	15,211

Total Cumulative Enrollment

	<i>Number of Children / Pregnant Women</i>
A.15 Total cumulative enrollment	1,030,947
a. Children	1,015,736
1. HS children	820,350
2. EHS children	168,114
3. MSHS children	27,272
a. MSHS children age 3–5	13,211
b. MSHS children age 0–2	14,061
4. Preschool children (HS all ages and MSHS age 3–5)	833,561
5. Infants and toddlers (EHS all ages and MSHS age 0–2)	182,175

Type of Eligibility

	<i>Number of Children / Pregnant Women</i>
A.16 Report each enrollee only once by primary type of eligibility	
a. Income below 100% of federal poverty line	732,838
b. Public assistance such as Temporary Assistance for Needy Families (TANF), Supplemental Security Income (SSI)	111,819
c. Status as a foster child—number of children only	24,324
d. Status as homeless	44,869
e. Over income	67,772
f. Number of children exceeding the allowed over income enrollment (as noted below) with family incomes between	49,325

100% and 130% of the federal poverty line	
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Prior Enrollment

	<i>Number of Children</i>
A.18 Enrolled in Head Start or Early Head Start for:	
a. The second year	298,858
b. Three or more years	62,850

Transition and Turnover (HS Programs)

	<i>Number of Children</i>
A.19 Total number of preschool children who left the program any time after classes or home visits began and did not re-enroll	124,617
a. Of the preschool children who left the program during the program year, the number of preschool children who were enrolled less than 45 days	34,825
A.19.b. Of the number of preschool children enrolled in Head Start at the end of the current enrollment year, the number projected to be entering kindergarten in the following school year	356,250

Transition and Turnover (EHS Programs)

	<i>Number of Children</i>
A.20 Total number of infants and toddlers who left the program any time after classes or home visits began and did not re-enroll	54,528
a. Of the infants and toddlers who left the program above, the number of infants and toddlers who were enrolled less than 45 days	9,509
b. Of the infants and toddlers who left the program during the program year, the number who aged out of Early Head Start	21,140
1. Of the infants and toddlers who aged out of Early Head Start, the number who entered a Head Start program	14,623
2. Of the infants and toddlers who aged out of Early Head Start, the number who entered another early childhood program	3,389
3. Of the infants and toddlers who aged out of Early Head Start, the number who did NOT enter another early childhood program	3,045
A.21 Total number of pregnant women who left the program after receiving Early Head Start services but before the birth of their infant, and did not	1,366

re-enroll	
A.22 Number of pregnant women receiving Early Head Start services at the time their infant was born	10,183
a. Of the pregnant women enrolled when their infant was born, the number whose infant was subsequently enrolled in Early Head Start	7,638
b. Of the pregnant women who left the program during the program year, the number who aged out of Early Head Start	2,545

Transition and Turnover (Migrant Programs)

	<i>Number of Children</i>
A.23 Total number of children who left the program any time after classes or home visits began and did not re-enroll	7,907
a. Of the children who left the program during the program year, the number of children who were enrolled less than 45 days	2,689
b. Of the children who left the program during the program year, the number of preschool children who aged out (i.e., left the program in order to attend kindergarten)	2,983

Childcare Subsidy

	<i>Number of Children at End of Enrollment Year</i>
A.24 The number of enrolled children for whom the program received a childcare subsidy	54,942

Race and Ethnicity

	<i>Number of Children/Pregnant Women</i>	
	<i>(1) Hispanic or Latino Origin</i>	<i>(2) Non-Hispanic or Non-Latino Origin</i>
A.25 Race and Ethnicity		
a. American Indian or Alaska Native	11,115	29,444
b. Asian	521	21,697
c. Black or African American	8,494	288,022
d. Native Hawaiian or other Pacific Islander	1,565	5,990
e. White	208,575	244,386
f. Biracial/Multi-racial	55,068	46,840

g. Other	68,711	5,282
h. Unspecified	32,298	2,926

Primary Language of Family at Home

	<i>Number of Children/ Pregnant Women</i>
A.26 Primary language of family at home:	
a. English	730,855
b. Spanish	240,916
c. Native Central American, South American, and Mexican languages	2,661
d. Caribbean languages	3,448
e. Middle Eastern and South Asian languages	13,493
f. East Asian languages	11,975
g. Native North American/Alaska Native languages	805
h. Pacific Island languages	2,890
i. European and Slavic languages	7,398
j. African languages	8,742
k. Other	1,141
l. Unspecified	6,623

TRANSPORTATION

Transportation Services

	<i>Number of Programs</i>
A.27 Program provides transportation	1,219
	<i>Number of Children</i>
a. Number of children transported	225,270

Buses

	<i>Number of Buses</i>
A.28 Total number of buses owned by the program that were purchased with ACF grant funds and are currently used to support program operations, regardless of year purchased	8,976
a. Of these, the number of buses purchased since last year's Program Information Report (PIR) was reported	447
	<i>Number of Programs</i>
A.29 Program leases buses	62
	<i>Number of Buses</i>
a. Number of leased buses	261

B. PROGRAM STAFF AND QUALIFICATIONS TOTAL STAFF

Staff by Type

	<i>(1) Number of Head Start Staff</i>	<i>(2) Number of Contracted Staff</i>
B.1 Number of all staff members, regardless of the funding source for their salary or number of hours worked	226,824	13,003
a. Of these, the number who are current or former Head Start or Early Head Start parents	54,547	1,182
b. Of these, the number who left since last year's Program Information Report (PIR) was reported	30,618	1,003
1. Of these, the number who were replaced	22,140	704

TOTAL VOLUNTEERS

Volunteers by Type

	<i>Number of Volunteers</i>
B.2 Number of persons providing any volunteer services to the program since last year's PIR was reported	1,060,849
a. Of these, the number who are current or former Head Start (HS) or Early Head Start (EHS) parents	752,049

CHILD DEVELOPMENT STAFF

Preschool Child Development Staff Qualifications—Classroom and Assistant Teachers (HS and Migrant programs)

	<i>(1) Number of Classroom Teachers</i>	<i>(2) Number of Assistant Teachers</i>
B.5 Total number of preschool child development staff by position	42,697	44,345

<i>Of the number of preschool child development staff by position, the number with the following degrees or credentials:</i>		
a. An advanced degree in:		
1. Early childhood education	4,171	211
2. Any field and coursework equivalent to a major relating to early childhood education, with experience teaching preschool-age children	1,539	247
<i>Of the number of preschool child development staff by position, the number with the following degrees or credentials:</i>		
b. A baccalaureate degree in:		
1. Early childhood education	16,654	2,056

2. Any field and coursework equivalent to a major relating to early childhood education with experience teaching preschool-age children	8,799	2,539
3. Any field and has been admitted into and is supported by the Teach for America program and passed a rigorous early childhood content exam	141	34
<i>Of the preschool child development staff with a baccalaureate degree in B.5.b.1 through B.5.b.3 above, the number enrolled in:</i>		
4. Advanced degree in early childhood education or in any field and coursework equivalent to a major relating to early childhood education	668	102
<i>Of the number of preschool child development staff by position, the number with the following degrees or credentials:</i>		
c. An associate degree in:		
1. Early childhood education	8,171	7,690
2. A field related to early childhood education and coursework equivalent to a major relating to early childhood education with experience teaching preschool-age children	1,356	2,505
<i>Of the preschool child development staff with an associate degree in B.5.c.1 and B.5.c.2 above, the number enrolled in:</i>		
3. A baccalaureate degree program in early childhood education or in any field and coursework equivalent to a major relating to early childhood education	1,456	827
<i>Of the number of preschool child development staff by position, the number with the following degrees or credentials:</i>		
d. A Child Development Associate (CDA) credential or state-awarded preschool, infant/toddler, family childcare or home-based certification, credential, or licensure that meets or exceeds CDA requirements	1,118	18,347
1. Of these, a CDA credential or state-awarded preschool, infant/toddler, family childcare or home-based certification, credential, or licensure that meets or exceeds CDA requirements and that is appropriate to the option in which they are working	606	10,905

<i>Of the preschool child development staff with the credentials in B.5.d above, the number enrolled in:</i>		
2. A baccalaureate degree program in early childhood education or in any field and coursework equivalent to a major relating to early childhood education	70	338
3. An associate degree program in early childhood education or in a related field and coursework equivalent to a major relating to early childhood education	400	1,972
<i>Of the number of preschool child development staff by position:</i>		
e. The number who do not have the qualifications listed in B.5.a through B.5.d	720	10,699
<i>Of the preschool child development staff in B.5.e above, the number enrolled in:</i>		
1. A baccalaureate degree program in early childhood education or in any field and coursework equivalent to a major relating to early childhood education	103	373
2. An associate degree program in early childhood education or in a related field and coursework equivalent to a major relating to early childhood education	132	1,406
3. Any type of CDA credential or state-awarded preschool, infant/toddler, family childcare or home-based certification, credential, or licensure that meets or exceeds CDA requirements and that is appropriate to the option in which they are working	124	4,203

	<i>Number of Classes</i>
B.6 Total number of center-based option classes serving preschool-aged children	40,261
B. 7 Number of center-based option classes serving preschool-age children in which at least one teacher (excluding assistant teachers) has one of the following: - An advanced or baccalaureate degree in early childhood education or in any field and coursework equivalent to a major relating to early childhood education with experience teaching pre-school age children, or - A baccalaureate degree and has been admitted into and is supported by	35,403

the Teach for America program and passed a rigorous early childhood content exam	
- An associate degree in early childhood education or in a related field and coursework equivalent to a major relating to early childhood education with experience teaching preschool-age children	

Infant and Toddler Child Development Staff Qualifications—Classroom and Assistant Teachers
(EHS and Migrant Programs)

	(1) <i>Number of Classroom Teachers</i>	(2) <i>Number of Assistant Teachers</i>
B.8 Total number of infant and toddler child development staff by position	18,404	2,930
<i>Of the number of infant and toddler child development staff by position, the number with the following degrees or credentials:</i>		
<i>a. An advanced degree in:</i>		
1. Early childhood education with a focus on infant and toddler development	332	12
2. Any field and coursework equivalent to a major relating to early childhood education, with experience teaching infants and/or toddlers	197	11
<i>Of the number of infant and toddler child development staff by position, the number with the following degrees or credentials:</i>		
<i>b. A baccalaureate degree in:</i>		
1. Early childhood education with a focus on infant and toddler development	2,619	96
2. Any field and coursework equivalent to a major relating to early childhood education with experience teaching infants and/or toddlers	1,760	121
<i>Of the infant and toddler child development staff with a baccalaureate degree in B.8.b.1 through B.8.b.2 above, the number enrolled in:</i>		
3. Advanced degree in early childhood education or in any field and coursework equivalent to a major relating to	106	8

early childhood education with a focus on infant and toddler development		
<i>Of the number of infant and toddler child development staff by position, the number with the following degrees or credentials:</i>		
c. An associate degree in:		
1. Early childhood education with a focus on infant and toddler development	4,594	323
2. A field related to early childhood education and coursework equivalent to a major relating to early childhood education with experience teaching infants and toddlers	921	113
<i>Of the infant and toddler child development staff with an associate degree in B.8.c.1 and B.8.c.2 above, the number enrolled in:</i>		
3. A baccalaureate degree program in early childhood education or in any field and coursework equivalent to a major relating to early childhood education with a focus on infant and toddler development	531	49
<i>Of the number of infant and toddler child development staff by position, the number with the following credentials:</i>		
d. A CDA credential or state-awarded preschool, infant/toddler, family childcare or home-based certification, credential, or licensure that meets or exceeds CDA requirements	6,834	974
1. Of these, a CDA credential or state-awarded preschool, infant/toddler, family childcare or home-based certification, credential, or licensure that meets or exceeds CDA requirements and that is appropriate to the option in which they are working	4,891	528
<i>Of the infant and toddler child development staff with the credentials in B.8.d above, the number enrolled in:</i>		
2. A baccalaureate degree program in early childhood education or in any field and coursework equivalent to a major relating to early childhood education with a focus on infant and toddler development	116	19
3. An associate degree program in early childhood education or in a related field and coursework equivalent to a major relating to early childhood education with a focus on infant and toddler development	913	140

<i>Of the number of infant and toddler child development staff by position:</i>		
e. The number who do not have the qualifications listed in B.8.a through B.8.d	1,140	1,279
<i>Of the infant and toddler child development staff in B.8.e above, the number enrolled in:</i>		
1. A baccalaureate degree program in early childhood education or in any field and coursework equivalent to a major relating to early childhood education with a focus on infant and toddler development	41	26
2. An associate degree program in early childhood education or in a related field and coursework equivalent to a major relating to early childhood education with a focus on infant and toddler development	127	137
3. Any type of CDA credential or state-awarded preschool, infant/toddler, family childcare or home-based certification, credential, or licensure that meets or exceeds CDA requirements and that is appropriate to the option in which they are working	510	435

Child Development Staff Qualifications—Home-Based and Family Child Care (FCC)

	(1) <i>Number of Home-Based Visitors</i>	(2) <i>Number of Home-Based Visitor Supervisors</i>	(3) <i>Number of Family Child Care Providers</i>	(4) <i>Number of Family Child Care Specialists</i>
B.9 Total number of child development staff by position	7,327	1,628	1,034	182
<i>Of the number of child development staff by position, the number with the following degrees or credentials:</i>				
a. An advanced degree in/licensed as:				
1. Social work/licensed clinical social worker (LCSW)/licensed master social worker (LCMW)	110	64	0	4
2. Marriage and family therapy/licensed marriage and family therapist	13	7	1	0

(LMFT)				
3. Psychology	42	29	1	0
4. Sociology	13	4	0	0
5. Human services (include related areas such as child and family services or social services)	64	39	0	3
6. Nursing plus nurse practitioner (NP) license	6	1	0	0
7. Early childhood education	166	197	9	9
8. Other	114	94	4	6
<i>Of the number of child development staff by position, the number with the following degrees and licenses:</i>				
b. A baccalaureate degree in:				
1. Social work	332	65	2	3
2. Psychology	397	78	4	8
3. Sociology	150	32	1	4
4. Human services (include related areas such as child and family services or social services)	598	141	7	17
5. Nursing plus registered nurse (RN) license	16	9	0	0
6. Early childhood education	1,092	351	47	56
7. Other	677	185	30	15
<i>Of the number of child development staff by position, the number with the following degrees and licenses:</i>				
c. An associate degree in:				
1. Social work	45	3	1	0
2. Psychology	13	2	0	1
3. Sociology	12	0	1	0
4. Human services (include related areas such as child and family services or social services)	189	18	2	6
5. Nursing plus RN license	9	3	0	0
6. Early childhood education	1,169	159	116	25
7. Other	242	31	11	3

<i>Of the number of child development staff by position, the number with the following credentials:</i>				
d. License, certification, or credential held:				
1. Nursing, non-RN (i.e., licensed practical nurse [LPN], certified nursing assistant [CNA], etc.)	24	3	0	0
2. Family development credential (FDC)	76	14	9	4
3. CDA credential	675	35	458	7
4. State-awarded certification, credential, or license appropriate to the option in which they are working (i.e., home-based option or family childcare option)	127	5	166	2
5. Other	40	2	10	0
<i>Of the number of child development staff by position:</i>				
e. The number who do not have the qualifications listed in B.9.a through B.9.d	915	56	154	9
<i>Of the child development staff in B.9.e above, the number enrolled in:</i>				
1. An advanced degree or license	1	0	0	0
2. A baccalaureate degree	54	3	0	0
3. An associate degree	118	2	12	0
4. Studies leading to a non-degree license, certificate, or credential	275	6	69	0

NON-SUPERVISORY CHILD DEVELOPMENT STAFF

Child Development Staff—Race and Ethnicity

	<i>Number of Nonsupervisory Child Development Staff</i>	
	<i>(1) Hispanic or Latino Origin</i>	<i>(2) Non-Hispanic or Non-Latino origin</i>
B.12 Race and Ethnicity		
a. American Indian or Alaska Native	632	2,998
b. Asian	91	2,443
c. Black or African American	1,115	30,005
d. Native Hawaiian or other Pacific Islander	96	712
e. White	18,349	43,349
f. Biracial/Multi-racial	4,528	1,047
g. Other	6,299	618
h. Unspecified	3,544	895

Child Development Staff—Language

	<i>Number of Nonsupervisory Child Development Staff</i>
B.13 The number who are proficient in a language(s) other than English	35,023
a. Of these, the number who are proficient in more than one language other than English	6,619

	<i>Number of Nonsupervisory Child Development Staff</i>
B.14 Language groups in which staff are proficient	
a. Spanish	29,588
b. Native Central American, South American, and Mexican languages	420
c. Caribbean languages	402
d. Middle Eastern and South Asian languages	1,219

e. East Asian languages	1,413
f. Native North American/Alaska Native languages	637
g. Pacific Island languages	300
h. European and Slavic languages	1,369
i. African languages	420
j. Other	374
k. Unspecified	205

Child Development Staff—Classroom Teacher Turnover

	<i>Number of Classroom Teachers</i>
B.15 The number of classroom teachers who left your program during the year.	10,429
B.16 Of these, the number who left for the following reasons:	
a. Higher compensation/benefits package in the same field	3,389
b. Change in job field	1,990
c. Other	5,050
B.17 Number of classroom teacher vacancies in your program that remained unfilled for a period of 3 months or longer	1,373
B.18 Number of classroom teachers hired during the year due to turnover	6,772

Child Development Staff—Home-based Visitor Turnover

	<i>Number of Home-Based Visitors</i>
B.19 The number of home-based visitors who left the program during the year	1,387
B.20 Of these, the number who left for the following reasons:	
a. Higher compensation/benefits package in the same field	317
b. Change in job field	403
c. Other	667
B.21 Number of home-based visitor vacancies in the program that remained unfilled for a period of 3 months or longer	196
B.22 Number of home-based visitors hired during the year due to turnover	969

FAMILY AND COMMUNITY PARTNERSHIPS STAFF

Family and Community Partnerships (FCP) Staff—Qualifications

	(1) <i>Number of Family Workers</i>	(2) <i>Number of FCP Supervisors</i>
B.23 Total number of FCP staff	19,864	4,035
a. Of the FCP supervisors, the number who work directly with families (i.e., staff with a family caseload)		951
	(1) <i>Number of Family Workers</i>	(2) <i>Number of FCP Supervisors</i>
B.25 Of the FCP staff, the number with the following as the highest level of education completed		
a. A related advanced degree	1,340	999
b. A related baccalaureate degree	7,874	1,824
c. A related associate degree	2,753	375
d. A family-development-related credential, certificate, or license	2,461	205
e. None of the qualifications listed in B.25.a through B.25.d above	4,487	444
<i>Of the staff in B.25.e above, the number enrolled in:</i>		
1. A related degree at the associate, baccalaureate, or advanced level	342	32
2. Studies leading to a non-degree credential, certificate, or license that is family development related	471	23
B.26 Of the FCP staff, the number with a family-development-related credential, regardless of highest level of education completed	3,747	648

EDUCATION AND CHILD DEVELOPMENT MANAGEMENT STAFF

Education and Child Development Managers/Coordinators—Qualifications

	<i>Number of ECD Managers/Coordinators</i>
B.27 Total number of education and child development managers/coordinators	7,725
<i>Of the education and child development managers/coordinators, the number with the following degrees or credentials:</i>	
a. An advanced degree in early childhood education, or an advanced degree in any field and coursework equivalent to a major relating to early childhood education with experience teaching preschool-age children	2,917
b. A baccalaureate degree in early childhood education, or a baccalaureate degree in any field and coursework equivalent to a major relating to early childhood education with experience teaching preschool-age children	4,067
c. An associate degree in early childhood education, or an associate degree in any field and coursework equivalent to a major relating to early childhood education with experience teaching preschool-age children	470
<i>Of the education and child development managers/coordinators preschool child development staff in B.27.c above, the number enrolled in:</i>	
1. A baccalaureate degree in early childhood education, or a baccalaureate degree in any field and coursework equivalent to a major relating to early childhood education	122
d. A CDA credential or state-awarded preschool, infant/toddler, family childcare or home-based certification, credential, or licensure that meets or exceeds CDA requirements	87
<i>Of the education and child development managers/coordinators preschool child development staff in B.27.d above, the number enrolled in:</i>	
1. A baccalaureate degree in early childhood education, or a baccalaureate degree in any field and coursework equivalent to a major relating to early childhood education	14
e. None of the qualifications listed in B.27.a through B.27.d	184
<i>Of the education and child development managers/coordinators preschool child development staff in B.27.e above, the number</i>	

<i>enrolled in:</i>	
1. A baccalaureate degree in early childhood education, or a baccalaureate degree in any field and coursework equivalent to a major relating to early childhood education	22

C. CHILD AND FAMILY SERVICES HEALTH SERVICES

Health Insurance—Children

	(1) <i>Number of Children at Enrollment</i>	(2) <i>Number of Children at End of Enrollment Year</i>
C.1 Number of all children with health insurance	963,693	981,565
a. Number enrolled in Medicaid and/or Children's Health Insurance Program (CHIP)	875,285	891,691
b. Number enrolled in state-only funded insurance (for example, medically indigent insurance)	17,719	17,997
c. Number with private health insurance (for example, parent's insurance)	62,252	63,188
d. Number with health insurance other than those listed above, for example, Military Health (Tri-Care or CHAMPUS)	8,437	8,689
C.2 Number of children with no health insurance	52,043	34,171

Health Insurance—Pregnant Women (Early Head Start [EHS] Programs)

	(1) <i>Number of Pregnant Women at Enrollment</i>	(2) <i>Number of Pregnant Women at End of Enrollment</i>
C.3 Number of pregnant women with at least one type of health insurance	13,681	14,020
a. Number enrolled in Medicaid	12,050	12,356
b. Number enrolled in another publicly funded	396	404

insurance program that is not Medicaid		
c. Number with private health insurance	1,103	1,123
d. Number with health insurance other than those listed above, for example, Military Health (Tri-Care or CHAMPUS)	32	137
C.4 Number of pregnant women with no health insurance	1,530	1,191

Medical Home—Children

	(1) <i>Number of Children at Enrollment</i>	(2) <i>Number of Children at End of Enrollment Year</i>
C.5 Number of children with an ongoing source of continuous, accessible health care	952,272	980,089
C.6 Number of children receiving medical services through the Indian Health Service	19,711	20,060
C.7 Number of children receiving medical services through a migrant community health center	9,860	12,762

Medical Services—Children

	(1) <i>Number of Children at Enrollment</i>	(2) <i>Number of Children at End of Enrollment Year</i>
C.8 Number of all children who are up-to-date on a schedule of age-appropriate preventive and primary health care, according to the relevant state's Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) schedule for well child care	622,444	850,250

	<i>Number of Children at End of Enrollment Year</i>
a. Of these, the number diagnosed by a healthcare professional with a chronic condition needing medical treatment since last year's Program Information Report (PIR) was reported	87,286
1. Of these, the number who have received or are receiving medical treatment	80,143
b. Specify the primary reason that children who needed medical treatment, for any chronic condition diagnosed by a healthcare professional since last year's PIR was reported, did not receive it:	
1. No health insurance	23
2. No pediatric care available in local area	5
3. Medicaid not accepted by health provider	6
4. Parents did not keep/make appointment	577
5. Children left the program before their appointment date	161
6. Appointment is scheduled for future date	143
7. No transportation	7
8. Other	72

	<i>Number of Children</i>
C.9 Number of all children who received medical treatment for the following chronic conditions since last year's PIR was reported, regardless of when the condition was first diagnosed by a health care professional:	
a. Anemia	15,544
b. Asthma	51,683
c. Hearing difficulties	10,931
d. Vision problems	31,264
e. High lead levels	4,609
f. Diabetes	738

Body Mass Index (BMI)—Children (Head Start [HS] and Migrant Programs)

	<i>Number of Children at Enrollment</i>
C.10 Number of all children who are in the following weight categories according to the 2000 Center for Disease Control and Prevention's (CDC) BMI-for-age growth charts	
a. Underweight (BMI less than 5th percentile for child's age and sex)	42,789
b. Healthy weight (at or above 5th percentile and below 85th percentile for child's age and sex)	534,924
c. Overweight (BMI at or above 85th percentile and below 95th percentile for child's age and sex)	108,635
d. Obese (BMI at or above 95th percentile for child's age and sex)	136,045

Immunization Services—Children

	<i>(1) Number of Children at Enrollment</i>	<i>(2) Number of Children at End of Enrollment Year</i>
C.11 Number of children who have been determined by a healthcare professional to be up-to-date on all immunizations appropriate for their age	833,148	886,553
C.12 Number of children who have been determined by a healthcare professional to have received all immunizations possible at this time, but who have not received all immunizations appropriate for their age	107,429	78,620
C.13 Number of children who meet their state's guidelines for an exemption from immunizations	8,096	9,267

Pregnant Women—Services (EHS Programs)

	<i>Number of Pregnant Women</i>
C.14 Indicate the number of pregnant women who received the following services while enrolled in EHS	
a. Prenatal health care	13,992

b. Postpartum health care	10,516
c. Mental health interventions and follow-up	4,641
d. Substance abuse prevention	8,448
e. Substance abuse treatment	1,558
f. Prenatal education on fetal development	13,251
g. Information on the benefits of breastfeeding	13,164

Pregnant Women—Prenatal Health (EHS Programs)

	<i>Number of Pregnant Women</i>
C.15 Trimester of pregnancy in which the pregnant women served were enrolled:	
a. 1st trimester (0–3 months)	2,693
b. 2nd trimester (3–6 months)	6,126
c. 3rd trimester (6–9 months)	6,392
C.16 Of the total served, the number whose pregnancies were identified as medically high risk by a physician or healthcare provider	3,274

Dental Home—Children

	<i>(1) Number of Children at Enrollment</i>	<i>(2) Number of Children at End of Enrollment Year</i>
C.17 Number of children with continuous, accessible dental care provided by a dentist	825,804	916,594

Preschool Dental Services (HS and Migrant Programs)

	<i>Number of Children</i>
C.18 Number of children who received preventive care since last year's PIR was reported	688,030
C.19 Number of all children, including those enrolled in Medicaid or CHIP, who have completed a professional dental examination since last year's PIR was reported	679,588
a. Of these, the number of children diagnosed as needing treatment since last year's PIR was reported.	115,968

1. Of these, the number of children who have received or are receiving treatment	85,398
b. Specify the primary reason that children who needed dental treatment did not receive it:	
1. Health insurance doesn't cover dental treatment	16
2. No dental care available in local area	18
3. Medicaid not accepted by dentist	17
4. Dentists in the area do not treat 3- to 5-year-old children	20
5. Parents did not keep/make appointment	787
6. Children left the program before their appointment date	152
7. Appointment is scheduled for future date	268
8. No transportation	6
9. Other	82
10. None	63

Infant and Toddler Preventive Dental Services (EHS and Migrant Programs)

	<i>Number of Children at End of Enrollment year</i>
C.20 Number of all children who are up-to-date on a schedule of age-appropriate preventive and primary oral health care according to the relevant state's EPSDT schedule	129,024

Pregnant Women Dental Services (EHS Programs)

	<i>Number of Pregnant Women</i>
C.21 Of the number of pregnant women served, the number who received a professional dental examination(s) and/or treatment since last year's PIR was reported	4,943

MENTAL HEALTH SERVICES

Mental Health Professional

	<i>Number of Hours</i>
C.22 Average total hours per operating month a mental health professional(s) spends onsite	43

Mental Health Services

	<i>Number of Children at End of Enrollment Year</i>
C.23 Indicate the number of enrolled children who were served by the mental health (MH) professional(s) since last year's PIR was reported.	
a. Number of children for whom the MH professional consulted with program staff about the child's behavior/mental health	109,863
1. Of these, the number for whom the MH professional provided three or more consultations with program staff since last year's PIR was reported	43,221
b. Number of children for whom the MH professional consulted with the parent(s)/guardian(s) about their child's behavior/mental health	55,224
1. Of these, the number for whom the MH professional provided three or more consultations with the parent(s)/guardian(s) since last year's PIR was reported	20,372
c. Number of children for whom the MH professional provided an individual mental health assessment	52,376
d. Number of children for whom the MH professional facilitated a referral for mental health services	29,007

Mental Health Referrals

	<i>Number of Children at End of Enrollment Year</i>
C.24 Number of children who were referred by the program for mental health services outside of Head Start since last year's PIR was reported	21,344
a. Of these, the number who received mental health services since last year's PIR was reported	13,901

DISABILITIES SERVICES

Preschool Disabilities Services (HS and Migrant Programs)

	<i>Number of children</i>
C.25 Number of children enrolled in the program who have an Individualized Education Program (IEP) indicating they have been determined eligible by the LEA to receive special education and related services	104,892
a. Of these, the number who were determined eligible to receive special education and related services:	
1. Prior to enrollment into the program for this enrollment year	60,249
2. During this enrollment year	44,643
b. Of these, the number who have not received special education and related services	1,289

Infant and Toddler Part C Early Intervention Services (EHS and Migrant Programs)

	<i>Number of Children</i>
C.26 Number of children enrolled in the program who have an Individualized Family Service Plan (IFSP) indicating they have been determined eligible by the Part C Agency to receive early intervention services under the Individuals with Disabilities Education Act (IDEA)	23,991
a. Of these, the number who were determined eligible to receive early intervention services:	
1. Prior to enrollment into the program for this enrollment year	15,161
2. During this enrollment year	8,769
b. Of these, the number who have not received early intervention services under IDEA	232

Preschool Primary Disabilities (HS and Migrant Programs)

	(1) <i>Number of Children Determined to Have This Disability</i>	(2) <i>Number of Children Receiving Special Services</i>
C.27 Diagnosed primary disability		
a. Health impairment (i.e., meeting IDEA definition of “other health impairments”)	1,262	1,208
b. Emotional disturbance	597	583
c. Speech or language impairments	59,772	57,780
d. Intellectual disabilities	683	663
e. Hearing impairment, including deafness	476	459
f. Orthopedic impairment	423	406
g. Visual impairment, including blindness	250	231
h. Specific learning disability	641	617
i. Autism	3,612	3,475
j. Traumatic brain injury	83	82
k. Noncategorical/developmental delay	34,892	33,323
l. Multiple disabilities (excluding deaf-blind)	939	908
m. Multiple disabilities (including deaf-blind)	35	31

EDUCATION AND DEVELOPMENT TOOLS/APPROACHES

Screening

	<i>Number of Children</i>
C.28 Number of all newly enrolled children since last year’s PIR was reported	657,701
C.29 Number of all newly enrolled children who completed required screenings within 45 days for developmental, sensory, and behavioral concerns since last year’s PIR was reported	580,859
a. Of these, the number identified as needing follow-up assessment or formal evaluation to determine if the child has a disability	95,249

STAFF-CHILD INTERACTION OBSERVATION TOOLS

	<i>Number of Programs</i>
C.33 Programs routinely using staff–child interaction observation tools to assess quality	2,627
C.34 (2) Programs using locally designed interaction observation tools	
a. Center-based settings	177
b. Home-based settings	166
c. Family childcare settings	6

FAMILY AND COMMUNITY PARTNERSHIPS

Number of Families

	<i>Number of Families at Enrollment</i>
C.35 Total number of families:	938,460
a. Of these, the number of two-parent families	391,950
b. Of these, the number of single-parent families	546,510

	<i>Number of Two-Parent Families at Enrollment</i>
C.36 Of the number of two-parent families, the number in which the parent/guardian figures are best described as:	
a. Parents (biological, adoptive, stepparents, etc.)	370,558
b. Grandparents	8,400
c. Relatives other than grandparents	2,473
d. Foster parents not including relatives	8,978
e. Other	1,541

	<i>Number of Single-Parent Families at Enrollment</i>
C.37 Of the number of single-parent families, the number in which the parent/guardian figure is best described as:	
a. Mother (biological, adoptive, stepmother, etc.)	497,704
b. Father (biological, adoptive, stepfather, etc.)	23,866
c. Grandparent	12,714
d. Relative other than grandparent	3,797
e. Foster parent not including relative	6,191
f. Other	2,238

Employment

	<i>Number of Families at Enrollment</i>
C.38 Of the number of two-parent families, the number of families in which:	
a. Both parents/guardians are employed	93,979
b. One parent/guardian is employed	239,342
c. Both parents/guardians are not working (i.e., unemployed, retired, or disabled)	58,525
C.39 Of the number of single-parent families, the number of families in which:	
a. The parent/guardian is employed	308,645
b. The parent/guardian is not working (i.e., unemployed, retired, or disabled)	237,793
C.40 The number of all families in which:	
a. At least one parent/guardian is a member of the United States military on active duty	5,859
b. At least one parent/guardian is a veteran of the United States military	8,412

Federal or Other Assistance

	(1) <i>Number of Families at Enrollment</i>	(2) <i>Number of Families at End of Enrollment Year</i>
C.41 Total number of families receiving any cash benefits or other services under the Federal Temporary Assistance for Needy Families (TANF) Program	90,408	84,764
C.42 Total number of families receiving Supplemental Security Income (SSI)	67,782	65,552
C.43 Total number of families receiving services under the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)	489,959	459,847
C.44 Total number of families receiving services under the Supplemental Nutrition Assistance Program (SNAP), formerly referred to as Food Stamps	488,454	452,220

Job Training/School

	<i>Number of Families at Enrollment</i>
C.45 Of the number of two-parent families, the number of families in which:	
a. Both parents/guardians are in job training or school	14,337
b. One parent/guardian is in job training or school	57,552
c. Neither parent/guardian is in job training or school	319,920
C.46 Of the number of single-parent families, the number of families in which:	
a. The parent/guardian is in job training or school	83,760
b. The parent/guardian is not in job training or school	462,691

	<i>Number of Families at End of Enrollment year</i>
C.47 Of the total number of all families, the number in which one or more parent/guardian:	
a. Completed a grade level in school, prior to high school graduation (e.g., 8th grade, 11th grade)	42,790
b. Completed high school or was awarded a general equivalency diploma (GED) during this program year	55,526
c. Completed an associate degree during this program year	15,050
d. Completed a baccalaureate or advanced degree during this program year	8,928
C.48 Of the total number of all families, the number in which one or more parent/guardian completed a job training program, professional certificate, or license during this program year	21,170

Parent/Guardian Education

	<i>Number of Families at Enrollment</i>
C.49 Of the total number of families, the highest level of education obtained by the child's parent(s)/guardian(s)	
a. An advanced degree or baccalaureate degree	63,490
b. An associate degree, vocational school, or some college	209,196
c. A high school graduate or GED	414,828
d. Less than high school graduate	230,289

Family Services

	<i>(1) Number of Families With an Expressed Interest or Identified Need During the Program Year</i>	<i>(2) Number of Families That Received the Following Services During the Program Year</i>
C.50 Types of family services		
a. Emergency/crisis intervention such as meeting immediate needs for food, clothing, or shelter	144,682	157,182
b. Housing assistance such as subsidies, utilities, repairs, etc.	79,714	67,978
c. Mental health services	66,983	81,546
d. English as a Second Language (ESL) training	53,322	43,414
e. Adult education such as GED programs and college selection	106,640	91,706
f. Job training	74,060	64,230
g. Substance abuse prevention	19,801	31,548
h. Substance abuse treatment	7,537	9,604
i. Child abuse and neglect services	33,774	65,611
j. Domestic violence services	15,453	23,195
k. Child support assistance	21,820	20,959
l. Health education	298,728	390,151
m. Assistance to families of incarcerated individuals	8,009	9,275
n. Parenting education	360,650	455,499
o. Relationship/marriage education	21,946	25,954
p. Asset-building services (such as financial education, opening savings and checking accounts, debt counseling, etc.)	66,513	73,466
C.51 Of these, the number of families who were counted in at least one of the services listed above	569,610	637,459

Father Engagement

	<i>Number of Father/ Father Figures</i>
C.52 Number of fathers/father figures who were engaged in the following activities during this program year:	
a. Family assessment	182,223
b. Family goal setting	179,151
c. Involvement in child's Head Start child development experiences (e.g., home visits, parent-teacher conferences, etc.)	264,397
d. Head Start program governance, such as participation in the policy council or policy committees	23,241
e. Parenting education workshops	102,876

Homelessness Services

	<i>Number of Families</i>
C.53 Total number of families experiencing homelessness that were served during the enrollment year	46,125

	<i>Number of Children</i>
C.54 Total number of children experiencing homelessness that were served during the enrollment year	49,658

	<i>Number of Families</i>
C.55 Total number of families experiencing homelessness that acquired housing during the enrollment year	15,454

Foster Care and Child Welfare

	<i>Number of Children</i>
C.56 Total number of enrolled children who were in foster care at any point during the program year	29,201

C.57 Total number of enrolled children who were referred to Head Start/Early Head Start services by a child welfare agency	19,285
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COLLABORATION AGREEMENTS AND COMMUNITY ENGAGEMENT

Childcare Partners

	<i>Number of Formal Agreements</i>
C.58 Total number of formal agreements with childcare partners during the program year	3,570
a. Of the childcare partners, the number of formal contractual agreements made void or broken during the program year	428

Local Education Agency (LEA)

	<i>Number of LEAs</i>
C.59 Number of LEAs in the service area	17,910

	<i>Number of Formal Agreements</i>
C.60 Number of formal agreements the program has with LEAs:	
a. To coordinate services for children with disabilities	13,719
b. To coordinate transition services	12,846

Public School Pre-Kindergarten Programs

	<i>Number of Programs</i>
C.61 Program has formal collaboration and resource sharing agreements with public school pre-kindergarten programs	1,999

	<i>Number of Formal Agreements</i>
a. If yes, the number of formal agreements in which the program is currently participating	8,839

Part C Agencies

	<i>Number of Part C Agencies</i>
C.62 Number of Part C agencies in the program's service area	7,310
	<i>Number of Formal Agreements</i>
a. Number of formal agreements the program has with Part C agencies to coordinate services for children with disabilities	5,913

Child Welfare Agencies

	<i>Number of Programs</i>
C.63 Program has formal collaboration agreements with child welfare agencies	1,517
	<i>Number of Formal Agreements</i>
a. If yes, the number of formal agreements in which the program is currently participating	3,186

MANAGEMENT STAFF

Management Staff—Salaries

	<i>Averages</i>	
	<i>Annual Salary</i>	<i>Percentage Funded by Head Start</i>
Executive Director	\$116,976	38.7%
Head Start/Early Head Start Program Director	\$78,449	62.1%
Child Development and Education Manager	\$53,180	69.2%
Health Services Manager	\$46,628	64.7%
Family and Community Partnerships Manager	\$48,039	69.6%
Disability Services Manager	\$46,291	62.5%
Fiscal Officer	\$78,782	45%

Coordination of Services

	<i>Average Number of Hours/Week Spent Coordinating Services</i>
Child Development and Education Manager	22
Health Services Manager	20
Family and Community Partnerships Manager	21
Disability Services Manager	17

NON-SUPERVISORY CHILD DEVELOPMENT STAFF

Child Development Staff—Classroom Teacher Salary by Level of Education

	<i>Average Salary</i>
Advanced degree in early childhood education or related degree	\$42,473
Baccalaureate degree in early childhood education or related degree	\$33,459
Associate degree in early childhood education or related degree	\$26,504
A Child Development Associate (CDA) credential or state-awarded preschool, infant/toddler, family childcare or home-based certification, credential, or licensure that meets or exceeds CDA requirements	\$23,773
Classroom teachers that do not have the qualifications	\$20,910

Child Development Staff—Average Salary

	<i>Average Salary</i>	
	<i>Annually</i>	<i>Hourly</i>
Classroom teachers	\$31,385	\$18.40
Assistant teachers	\$20,707	\$12.61
Home-based visitors	\$31,974	\$16.55
Family childcare providers	\$38,869	\$18.14

MENTAL HEALTH SERVICES

Mental Health Professional

	<i>Average</i>
Average total hours per operating month a mental health professional(s) spends onsite	43

Report Filters

<i>Filter Name</i>	<i>Filter Value</i>
Program year	2017
Program acronyms	CH, CI, CM
Program types	HS, EHS, Migrant HS, AIAN HS, AIAN EHS

Appendix D - Head Start Grant Application and Budget Instrument

5 YEAR GRANTS, APPLICATION INSTRUCTIONS VERSION 2.0

Submission and Approval Instructions

The grant application package must be developed and submitted in an electronic format using the Head Start Enterprise System (HSES) at <https://hses.ohs.acf.hhs.gov/hsprograms>. **The Administration for Children and Families will no longer accept a hard copy of the application.**

Training materials and a User's Guide can be found in the "Instructions" section of HSES. Complete and submit the application in the HSES tab for "Financials," then "Grant Applications."

A **complete grant application package** requires the following tabs in HSES:

- Program Schedule
- Budget
- Other Funding
- SF-424A
- SF-424⁴
- Documents:
 - Upload the **Application and Budget Justification Narrative** document (Limit 60 pp, additional instructions re: narrative requirements follow)
 - Upload supporting documents (Limit 50 pp total) in their respective folders in HSES:
 - Results of Self-assessment and Improvement Plan
 - Training & Technical Assistance Plan
 - Governing Body and Policy Council Decisions⁵

⁴ When grantees enter data for the SF-424 and then submit the application package, HSES automatically generates the following electronically signed Assurances and Certifications as a single PDF file. These can be downloaded at the bottom of the SF-424 tab.

1. SF-424B, Assurances – Non-Construction Programs;
2. Certification Regarding Lobbying;
3. Certification Regarding Compliance with Compensation Cap (Level II of Executive Schedule); and
4. Tax Certification Form.

⁵ Include the following evidence of Governing Body approval and Policy Council approval or disapproval:

1. Signed statements of the Governing Body and Policy Council Chairs;
2. Governing Body and Policy Council minutes documenting each group's participation in the development and approval of the application; and
3. If the Policy Council did not approve the application, submit the required letter from the Policy Council indicating its reasons for withholding approval.

- Indirect Cost Rate Agreement, or records showing adoption of 10 percent de minimis indirect cost rate, *if applicable*.
- Sample Delegate and/or Partnership Contracts *if applicable*. NOTE: sample contracts do NOT count toward the 50pp limit.
- Other Supporting Documents

For further assistance, please contact help@hsesinfo.org or 1-866-771-4737. **Incomplete applications will not be processed.**

Application and Budget Justification Narrative: Instructions and Definitions

Content of Application and Budget Justification Narrative

Applications for federal financial assistance to operate a Head Start and/or Early Head Start program must provide a comprehensive description of the organization’s plans to deliver quality Head Start and/or Early Head Start services and a detailed budget to support the planned delivery of services. Applications to obtain a grant for a 5 year project period or to continue operations during the 5 year project period contain two sections and are prefaced by a Table of Contents that follows the format and numbering of these Instructions:

- Section I. Program Design and Approach to Service Delivery
- Section II. Budget and Budget Justification Narrative

Section I, Program Design and Approach to Service Delivery, specifies the organization’s plans to operate the Head Start and/or Early Head Start programs. Detailed information is requested for the criteria outlined in five sub-sections:

- A) Goals;
- B) Service Delivery;
- C) Approach to School Readiness;
- D) Parent, Family, and Community Engagement (PFCE); and
- E) Governance, Organizational and Management Structure, and Ongoing Oversight.

Section II, Budget and Budget Justification Narrative, must identify and describe the resources needed to implement the project plans and approach described in Section I, Program Design and Approach to Service Delivery. The information in Section II must align with the data contained in the HSES tab for “Financials,” then “Grant Applications,” then within this current application, the “Budget” tab.

Organizations are required to submit either a Baseline Application or Continuation Application. The criteria for both types of applications are outlined below for each section

and sub-section. A determination on the acceptability of the application will be made based on the extent to which each item is addressed.

Should I submit the Baseline Application Narrative or the Continuation Application Narrative for the various Sections and Sub-Sections?

Normally, grantees applying for a new 5 year project period, whether competitively or non-competitively, would follow the instructions for submitting a Baseline Application Narrative for the first year. Then grantees would follow the instructions for submitting a Continuation Application Narrative in future years of the 5 year grant.

Some grantees were already in a 5 year project period when these Instructions were first published in March, 2014. If this is your first time writing a 5 year application package, follow the Baseline Application Narrative instructions for Sub-Section I-A regarding Goals. There you will describe your program's plans for what you will accomplish during the remaining years of the grant. For the other sub-sections, follow the Continuation Application Narrative instructions.

Length and formatting requirements for Application and Budget Justification Narrative:

1. The information presented in Sections I and II cannot exceed 60 pages, not counting the Table of Contents.
2. Each page must be double-spaced, with one-inch margins on all sides.
3. Use a font size of 12.
4. A Table of Contents must be provided. Follow the format and numbering of these Instructions.
5. Each page must be numbered in the lower right hand corner.

Length and formatting requirements for Supporting Documentation:

1. Supporting documentation and appendices are limited to 50 pages.
2. Required supporting documents include:
 - i. Results of Self-assessment and Improvement Plan
 - ii. Training & Technical Assistance Plan
 - iii. Governing Body and Policy Council Decisions
 - iv. Indirect Cost Rate Agreement, or records showing adoption of 10% de minimis indirect cost rate, ***if applicable***.
 - v. Sample Delegate and/or Partnership Contracts ***if applicable***. NOTE: sample contracts do NOT count toward the 50pp limit.
 - vi. Other Supporting Documents

Terms and Definitions

Long Range Goals– Broad, inspirational statements that describe what you seek to accomplish; targets to be reached. (BROAD = **B**old/**B**eyond current expectations, **R**esponsive, **O**rganization-wide, **A**spirational, and **D**ynamic)

Program Goals– Broad statements that support the program’s mission to serve children, families, and the community. In Head Start, program goals may include goals related to parent, family, and community engagement; finances; service provision; etc.

School Readiness Goals– The expectations of children’s status and progress across domains of language and literacy development, cognition and general knowledge, approaches to learning, physical well-being and motor development, and social and emotional development that will improve their readiness for kindergarten. (45 CFR 1307.20)

Short Term Objectives– Subparts of goals that are **S**pecific, **M**easureable, **A**ttainable, **R**ealistic and **T**imely (= SMART).

Outcomes – Something that happened as a result of an activity or process. The actual results achieved. The term *outcome* is also used to refer to **Expected Outcomes**, that is, the results you *expect* to see because of an activity or process.

Program Impacts – The influence or effect on a specific Head Start population (e.g., staff, children, families, communities). Note: this term is often used in other settings to signify the findings from an experimental or quasi-experimental research study. Within Head Start’s 5-year project period, *impact* refers to how the program, child, family, and/or community changed as a result of what the program did.

Progress – Forward movement toward the achievement of goals, objectives, and outcomes **Evidence** – Facts, information, documentation, or examples given to support an assertion.

Resources

Training & Technical Assistance materials are available to help grantees complete their application narrative, particularly the sub-sections concerning planning. See the “Foundations for Excellence: Planning in Head Start” booklet available at <https://eclkc.ohs.acf.hhs.gov/sites/default/files/pdf/planning-complete-booklet.pdf>.

Section I. Program Design and Approach to Service Delivery

SUB-SECTION A: Goals

Requirements for Baseline Application Narrative

Describe your program's plans for what you will accomplish during the 5 year project period or, for programs already operating in a 5 year project period, plans for what you will accomplish in the remaining years of the grant.

Notes/Definitions/Resources specific to Sub-Section A:

- **Program Goals** are broad statements that support the program's mission to serve children, families, and the community. (*See Foundations for Excellence: Planning in Head Start, Topic #1: Understanding Goals, Objectives, Outcomes, Progress, and Action Plans*)¹
 - **School Readiness Goals** are the expectations of children's status and progress across the domains of language and literacy development, cognition and general knowledge, approaches to learning, physical well-being and motor development, and social and emotional development that will improve their readiness for kindergarten. (*See Foundations for Excellence: Planning in Head Start, Topic #3: Program Goals and School Readiness Goals—Understanding the Relationship*)
 - **Re: the integration of Parent, Family, and Community Engagement (PFCE):** Note that programs may develop PFCE goals as part of program goals that are broad statements that describe what a program intends to accomplish in its work with (and in support of) families. Alternatively, programs may find it more appropriate to develop objectives related to family outcomes and in support of other program goals and/or school readiness goals. (*See Foundations for Excellence: Planning in Head Start, Topic #5: Program Planning and Parent, Family, and Community Engagement*)
1. What are your program goals, objectives, and expected outcomes for the next 5 years? (*Examples of possible areas to consider: outcomes for children and families; family engagement or related family outcomes, program and fiscal management systems, oversight, and accountability; enhanced community involvement and resources; and unique community and organizational goals.*)

For **each Program Goal**, include:

¹ <https://eclkc.ohs.acf.hhs.gov/sites/default/files/pdf/planning-complete-booklet.pdf>

- a. **Long Range Goal** statement that is BROAD (**B**old/**B**eyond current expectations, **R**esponsive, **O**rganization-wide, **A**spirational, and **D**ynamic), i.e., what does the program want to accomplish?
 - b. Under each goal, **Short Term Objectives** that are SMART (**S**pecific, **M**easurable, **A**ttainable, **R**elevant and **T**imely) for each year of the 5 year project period, i.e., what does the program plan to do to meet the goal?
 - c. **Expected Outcomes**, i.e., what does the program expect the results will be?
 - d. Data, Tools, or Methods for tracking **Progress**, i.e., what information will the program use during the next 5 years to determine how they are doing?
2. Demonstrate how your program’s **Long Range Goals** and **Short Term Objectives** are informed by the findings from your community-wide strategic planning/needs assessment and the findings of your annual self-assessment. *(Examples of possible areas to consider: priority service areas, special populations, family needs, child health needs.)*
3. Provide the list of your program’s **School Readiness Goals** across the five domains *(language and literacy development, cognition and general knowledge, approaches toward learning, physical well-being and motor development, and social and emotional development)*.
 - a. Include **Evidence** of your **School Readiness Goals** alignment with the Head Start Child Development and Early Learning Framework, State early learning guidelines as appropriate, and expectations of the local schools where children will transition.
 - b. Discuss how your program involved parents and the governing body in developing **School Readiness Goals**.
4. Discuss possible **Program Impacts** your program will achieve—i.e., at the conclusion of the 5-year grant period, what difference will your program have made for children, families, and the community?

Requirements for Continuation Application Narrative

1. If applicable, list any additions, deletions, or revisions to your program’s **Long Term Goals, Short Term Objectives**, and **Expected Outcomes** that have occurred since last

year's application. If no updates or changes have occurred, include a sentence to that effect.

2. For each program **Long Term Goal**, describe your progress this year toward meeting your **Short Term Objectives** and **Expected Outcomes**. In your discussion, you may use the Data, Tools, or Methods for tracking **Progress** identified in your baseline application, or additional Data, Tools, or Methods identified since then.
3. Discuss **Progress** toward broad **Program Impacts**—i.e., at the conclusion of the 5-year grant period, what difference will your program have made for children, families, and the community?
4. If applicable, list any additions, deletions, or revisions to your program's **School Readiness Goals** that have occurred since last year's application. Include information on how parents and the governing body were involved in changes. (Additional information on progress toward meeting School Readiness Goals is included in Sub-Section C.) If no updates or changes have occurred, include a sentence to that effect.

SUB-SECTION B: Service Delivery

Requirements for Baseline Application Narrative

In this section, provide a detailed plan to meet the need for comprehensive child development services for Head Start and/or Early Head Start eligible children and families in your service area.

1. Needs of Children and Families:

Include the following data. Throughout Sub-Section B, describe how the data informs or relates to your detailed plan for comprehensive child development services:

- a. the estimated number of eligible children under 5 years of age and pregnant women by geographic location, and estimated number of children needing full day & full year care;
- b. data regarding the education, health, nutrition, social service, child care, and other service needs of the proposed children, families and pregnant women;
- c. the needs of children with disabilities; dual language learners; homeless children; children involved in the child welfare system and receiving foster care; working families; and pregnant women, if applicable.

2. Service Area:

- a. Identify the service and recruitment areas for proposed Head Start and/or Early Head Start operations. Provide a map labeling these areas.
 - b. Provide **Evidence** to demonstrate that the proposed area(s) is the area(s) of greatest need.
 - c. If delegates are proposed, identify the specific service area for each delegate, including the communities in which they will operate, the number of children proposed to be served, and proposed program option(s). If applicable, upload a sample delegate contract to the application Documents folder in HSES for “Sample Delegate and/or Partnership Contracts.” This will NOT count toward the 50pp limit on supporting documents.
 - d. If child care partners are proposed, identify the number of children proposed to be served through partnership slots. If applicable, upload sample partnership contracts for family child care and/or center based program options to the application Documents folder in HSES for “Sample Delegate and/or Partnership Contracts.” These will NOT count toward the 50pp limit on supporting documents. Note that grantees are responsible for keeping the location of all services, including partner sites, up-to-date in the “Centers” tab of HSES throughout their 5-year project period.
3. Justification of Proposed Funded Enrollment and Program Options:
- First, go to the HSES tab for “Financials,” then “Grant Applications,” then “Program Schedule,” and complete that tab for Head Start and/or Early Head Start. This tab includes funded enrollment by program option, as well as detailed program schedules for each program option and program option variation. Then, in this application narrative:
- a. Discuss how the program options and program option variations are most appropriate to meet the needs of children and families in your service area. Discuss both the program options (i.e., center-based, home-based, combination option, family child care, or approved locally designed option) and the intensity of services (part-day, full-day, part-year, or full-year models).
 - b. Special Situation: Enrollment Reduction or Expansion. Are you proposing to reduce or expand funded enrollment in Head Start and/or Early Head Start since last year? If so, state the difference and explain the rationale. You will include more detailed information on the budget implications in Section II: Budget and Budget Justification Narrative.

- c. Special Situation: Conversion. Are you proposing to convert Head Start funds to provide Early Head Start services? If so:
 - i. Specify the planned reduction in Head Start enrollment and the number of infants, toddlers and pregnant women proposed to be served.
 - ii. Provide information on the amount of funds re-allocated from the Head Start program to support Early Head Start services. You will include more detailed information on the budget implications in Section II: Budget and Budget Justification Narrative.
 - iii. Describe how the needs of infants, toddlers and pregnant women will be met. If the agency does not currently operate an Early Head Start program, provide a detailed explanation of how Early Head Start is proposed to be operated, including the service and recruitment areas, program options, qualifications and training of staff, and the physical infrastructure, including facilities.
 - iv. Provide a description of how the needs of eligible Head Start children will be met.
 - v. Discuss the transition plan between Early Head Start and Head Start.
 - vi. Specify the proposed timeline for implementation of the conversion.

4. Centers and Facilities:

First, enter and/or review all data in the “Centers” tab in HSES to ensure the locations of all services are identified, including family and center based child care partners, home based socialization sites, and locations where pregnant women meet as groups. Then, in this application narrative:

- a. If applicable, list any additions, deletions, or revisions to your service locations since last year, including child care partners, and describe the reasons for changes.
- b. Explain how your choice of locations will ensure services are provided to areas with the greatest need.
- c. Describe plans to ensure the health and safety of children and staff at each center and to meet or exceed State and local requirements for licensing of facilities.

Describe planned changes that involve centers with Federal Interest, e.g., proposed loans, subordination agreements, major or minor renovations. Note that proposed

facilities activities must be requested using the SF-429 Real Property Status Report and its relevant Attachments.

5. Recruitment and Selection:

- a. Describe the recruitment strategy and selection criteria to ensure services will be provided to those in greatest need of Head Start and/or Early Head Start services.
- b. Describe how the program will ensure that not less than 10 percent of the actual enrollment will be children with disabilities.

6. Transportation:

- a. Describe the level of need for child transportation services.
- b. Describe how the program will either directly meet transportation needs or assist families in accessing other transportation so that children can attend Head Start and/or Early Head Start services.

7. Educational Services:

- a. Describe how the program will meet the educational needs of Head Start and Early Head Start children for each program option. (Note: additional information around School Readiness is in Sub-Section C.)

8. Health:

- a. Describe how the program will meet the health, mental health, nutritional, and oral health needs of children.
- b. Describe the system for health screening and services that will ensure children are accurately referred for necessary follow-up evaluation and treatment within timeframes specified by Head Start regulations.

9. Family Services and Social Services:

- a. Discuss program plans to support families in obtaining needed family services and social services in support of family well-being. (Note: additional information around Parent and Family Engagement is in Sub-Section D.)
- b. Describe program services designed to facilitate parent engagement and parent involvement through meaningful staff-family relationships and program activities.

- c. Describe how individual family assessments will be used to individualize the approach for each family. Specify the number of families assigned to each family service worker and the number of planned contacts per family.
- d. Describe program services to facilitate parent participation, including, if applicable, transportation and child care services.
- e. Describe program services to support maximum child attendance.

10. Early Head Start Specific:

- a. Provide **Evidence** to demonstrate how the proposed service plan for Early Head Start addresses the need for continuity of services and provides a minimum of 48 weeks of service
- b. If the program will not operate for a minimum of 48 weeks per year, provide **Evidence** to demonstrate how quality services are maintained throughout the year.
- c. Describe the services to be provided to enrolled pregnant women.

11. Transition:

Describe a systematic procedure for transitioning children and parents, including pregnant women. As applicable, include a description of how the program will support transition:

- a. from Early Head Start to Head Start or other community-based programs;
- b. from Head Start to the local school system, including kindergarten; and
- c. within Head Start and/or Early Head Start, including serving infants upon birth, and moving a child from one program option to another or from one classroom to the next.

12. Coordination:

- a. Describe how the agency coordinates resources with other child care and preschool programs, State pre-kindergarten programs, and Local Education Agencies to provide high quality child health and developmental services.
- b. Describe the coordination of resources with community programs under Part C and Part B Section 619 of the Individuals with Disabilities Education Act (IDEA) to ensure high quality education and child development services.
 - i. If Memorandum of Understandings (MOUs) were established, describe how the MOUs include the process for referrals, intervention services

and the development of individualized educational programs for preschool children, and individualized family service plans for infants and toddlers.

- ii. If MOUs were not established, provide an explanation for the reasons they were not established with Part C or Part B Section 619 agencies in the service area.

Requirements for Continuation Application Narrative

In this section, discuss any updates to your plans to meet the need for comprehensive child development services for Head Start and/or Early Head Start eligible children and families in the following categories. For each category, if no updates or changes have occurred, include a sentence to that effect. **See Requirements for Baseline Application above for additional detail on each category.**

1. Needs of Children and Families
2. Service Area
 - a. Include any changes to delegate agencies and/or child care partners.
3. Justification of Proposed Funded Enrollment and Program Options
 - a. First, go to the HSES tab for “Financials,” then “Grant Applications,” then “Program Schedule,” and complete that tab for Head Start and/or Early Head Start.
 - b. Special Situation: Enrollment Reduction or Expansion
 - c. Special Situation: Conversion
4. Centers and Facilities
 - a. First, review and/or update all data in the “Centers” tab in HSES to ensure the locations of all services are identified, including child care partners.
 - b. Discuss any changes, including changes to centers with federal interest. Note that proposed facilities activities must be requested using the SF-429 Real Property Status Report and its relevant Attachments.
5. Recruitment and Selection
6. Transportation
7. Educational Services

8. Health
9. Family Services and Social Services
10. Early Head Start Specific
 - a. Continuity of services (48 weeks per year)
 - b. Pregnant women services
11. Transition
12. Coordination

SUB-SECTION C: Approach to School Readiness

Requirements for Baseline Application Narrative

In addition to setting School Readiness Goals, included in Sub-Section A of this application, your program's approach to school readiness includes child assessment data and curriculum, and may include staff-child interaction observation tools.

1. Child Assessment Data:
 - a. Identify the child assessment(s) used or to be used by your program and discuss how it is developmentally, linguistically, and culturally appropriate for the group of enrolled children.
 - b. Describe your program's system to analyze child assessment data to individualize the instruction and learning for each child and to aggregate and analyze child assessment data at least three times per year. Note that Migrant and Seasonal Head Start programs operating less than 90 days are required to aggregate data at least twice within their operating period.
 - c. Explain how the child assessment data analysis, in combination with other program data, will be used to:
 - i. Determine the agency's progress toward meeting its goals and intended impacts
 - ii. Inform parents and the community of results
 - iii. Direct continuous improvement
 - d. Describe a plan to ensure the fidelity of assessment tools will be maintained.
2. Curriculum:

- a. Identify the curriculum(a) used by your program and discuss how it is developmentally, linguistically, and culturally appropriate for the group of enrolled children.
 - b. Discuss how the curriculum(a) relates to the child assessment(s) used.
 - c. Include Evidence that your curriculum(a) is aligned with the Head Start Child Development and Early Learning Framework, State early learning guidelines as appropriate, and expectations of the local schools where children will transition to kindergarten.
3. Staff-Child Interaction Observation Tools:
- a. Identify whether staff-child interaction observation tools (i.e. CLASS, HOVRS, Arnett Caregiver Interaction Scale) will be used by the program. If not, skip the remaining parts of this question.
 - b. Explain how the staff-child interaction tools will be used.
 - c. Describe your program's plan to use this data to improve the quality of children's experiences.
 - d. Describe a plan to ensure the fidelity of the assessment tools will be maintained.

Requirements for Continuation Application Narrative

In addition to setting School Readiness Goals, included in Sub-Section A of this application, your program's approach to school readiness includes child assessment data and curriculum, and may include staff-child interaction observation tools.

- 1. Updates to Approach in School Readiness, if applicable. If no updates or changes have occurred, include a sentence to that effect.
 - a. Discuss any change in child assessment(s) used by your program since last year's application
 - b. Discuss any change in curriculum(a) used by your program since last year's application
 - c. Discuss any change in staff-child interaction observation tools (i.e. CLASS, HOVRS, Arnett Caregiver Interaction Scale) used by your program since last year's application
- 2. Report on the progress of children and the program towards achieving school readiness in each of the five domains. Provide specific examples as appropriate.

3. Describe program improvements implemented in response to the analysis of child assessment and other data. Provide specific examples as appropriate.

SUB-SECTION D: Parent, Family, and Community Engagement

Requirements for Baseline Application Narrative

In Sub-Section A, programs will have identified program level goals and/or objectives related to family outcomes. (For a discussion of the difference between program goals related to family outcomes and individual family goals related to individual family strengths, needs, and aspirations, see *Foundations for Excellence: A Guide for Five-Year Planning and Continuous Improvement*, 2nd Edition, *Topic #3: Achieving Program Goals That Support Child and Family Outcomes*.) In this Sub-Section D, programs will describe the processes and data sources for developing their PFCE goals/objectives related to family outcomes.

1. Describe the process to be used to identify and prioritize PFCE goals and/or objectives. (For example, will families be involved in the goal-setting process? Will information such as aggregated family assessment data be used to target outcome areas? Will the program seek staff input on priority goals/objectives?)
2. Identify the data, tools, or methods that will be used to support implementation of and track progress toward PFCE goals and/or objectives. (Examples could include evidence-based measures, National Center assessment tools, parent surveys, or other program-designed methods.)
3. Describe how aggregated program data related to family progress may also be analyzed in support of children's school readiness goals, as applicable.

Requirements for Continuation Application Narrative

For continuation applications, the following information must be provided:

1. In Sub-Section A, programs listed any additions, deletions, or revisions to the program Long Term Goals, Short Term Objectives, and Expected Outcomes. Did any of these changes involve program goals and/or objectives related to family outcomes? If so, describe the reasons and process for making changes. If no updates or changes have occurred, include a sentence to that effect.
2. If applicable, describe any new data sources used since last year's application to support the implementation and evaluation of PFCE goals and/or objectives. If no updates or changes have occurred, include a sentence to that effect.

3. Describe program data related to family progress that also supports children's school readiness. Provide specific examples as appropriate.
4. Describe how program progress toward PFCE goals and/or objectives is communicated to families. Provide specific examples as appropriate.

SUB-SECTION E: Governance, Organizational and Management Structures, and Ongoing Oversight

Requirements for Baseline Application Narrative

In this section, describe the governance, organizational, and management structures that provide ongoing oversight to support quality services and maintain accountability, efficiency, and leadership within the program.

1. Describe the governing body structure and show how the structure meets the program governance composition requirements established in Section 642(c)(B-D) of the Head Start Act, including at least one member:
 - a. with expertise in fiscal management or accounting;
 - b. with expertise in early childhood education and development; and
 - c. who is a licensed attorney familiar with issues that come before the governing body.

Also provide information to assure that governing body members do not have a conflict of interest with the Head Start and/or Early Head Start programs, any delegate programs or other partners/vendors. If the program meets any criteria for exceptions in Section 642(c)(B-D) of the Head Start Act, discuss here also.

2. Describe how the program governance requirements established in Section 642(c) of the Head Start Act are met, including:
 - a. exercise effective oversight of program operations and accountability for Federal funds;
 - b. monthly reporting of required information to the Governing Body and Policy Council;
 - c. involvement of the Governing Body in the selection of the program's auditor and receipt of the annual audit report;
 - d. include the Policy Council in the planning and decision-making process;

- e. assure representation of the diverse community served;
 - f. set and monitor overall agency priorities and operational systems; and
 - g. conduct the community assessment, annual self-assessment, ongoing monitoring and outcome-based evaluation.
3. Provide an explanation of the delegated responsibilities of any advisory committees, if applicable, that the Board has established to oversee key responsibilities related to program governance and improvement of the Head Start program. Include a description of the membership of each advisory committee.
 4. Provide a description of the composition of the Policy Council and Parent Committees. Describe how parents are meaningfully involved in setting direction for the program.
 5. Provide an organizational chart identifying the management team and staffing structure, including:
 - a. the executive director,
 - b. program director,
 - c. managers, and
 - d. other key staff.

Include assigned areas of responsibility and lines of communication and reporting. Identify staffing patterns and supervisory structure to accomplish goals and plans across systems and services.

6. Provide a description of the systems developed to ensure criminal record checks occur prior to hire for all staff working in the Head Start and/or Early Head Start program. Include a description of the procedure followed to ensure staff remain up-to-date on required health exams and tuberculosis screenings.
7. Demonstrate how all employees meet staff qualification requirements by identifying the qualifications of and competencies for staff, including Head Start and/or Early Head Start director(s); education and child development staff; health services staff; nutrition services staff; mental health services staff; family and community partnership staff; parent involvement services staff; disability services staff; and fiscal staff.
8. Describe how staff will plan, organize and provide comprehensive services that include:
 - a. facilitating effective educator-child relationships that support children's development;

- b. ensuring staff are prepared for and supported in implementing evidence-based instructional practices that are individualized based on the ongoing assessment of each child to support positive child outcomes;
 - c. ensuring staff successfully partner with families in supporting children’s development; and
 - d. supporting staff, through regular provision of feedback, supervision, coaching and other mechanisms.
9. Describe the management systems in each of the following areas:
- a. program planning;
 - b. internal and external communication;
 - c. record-keeping and reporting;
 - d. ongoing program and fiscal monitoring; and
 - e. annual self-assessment, including a summary of the process used to conduct the self-assessment, the results of the most recent self-assessment conducted within the last year, and the improvement plan addressing any issues, including action steps, person(s) responsible, and timeframe for corrective action.
10. Upload, in the application Documents folder in HSES for “Training & Technical Assistance Plan,” a comprehensive Training and Technical Assistance plan that addresses mandatory training and priorities identified from ongoing monitoring and the annual self-assessment. Describe planned training for staff, parents, volunteers, governing body members and Policy Council members.

Requirements for Continuation Application Narrative

For continuation applications, the following information must be provided:

- 1. Describe changes to the roles and responsibilities of the Board and Policy Council, if applicable. If no updates or changes have occurred, include a sentence to that effect.
- 2. Include a current organizational chart.
- 3. Provide updates of staff qualifications or competencies for the following groups: Head Start and/or Early Head Start director(s), education and child development staff, health services staff, nutrition services staff, mental health services staff, family and community partnership staff, parent involvement services staff, disability services staff, and fiscal staff. If no updates or changes have occurred, include a sentence to that effect.

4. Describe changes to the management systems for planning, communications, record-keeping and reporting, ongoing monitoring, and self-assessment. Include a summary of the results of the most recent self-assessment and the improvement plan addressing the issues, action steps, person(s) responsible, and timeframe for planned or completed corrective action.
5. Upload, in the application Documents folder in HSES for “Training & Technical Assistance Plan,” a comprehensive Training and Technical Assistance plan that addresses mandatory training and priorities identified from ongoing monitoring and the annual self-assessment. Describe planned training for staff, parents, volunteers, governing body members and Policy Council members.

Section II. Budget and Budget Justification Narrative

Requirements for All Applications

A comprehensive budget that aligns with the proposed program approach and identifies allowable, reasonable, and allocable costs must be submitted for each year of the 5 year project period. First, go to the HSES tab for “Financials,” then “Grant Applications,” then within this current application, complete the following tabs:

- Budget
- Other Funding
- *SF-424A
- SF-424

Additional Notes:

* The SF-424A, Budget Information Non-Construction Programs, must provide the distribution of funds **by object class categories in separate columns** for Head Start Program Operations, Head Start Training and Technical Assistance, Early Head Start Program Operations and Early Head Start Training and Technical Assistance for the grant and for each delegate agency.

Also note that if applicable, you will include separate proposed budgets for Head Start and Early Head Start and each delegate agency. Then, in Section II of your **Application and Budget Justification Narrative** document, justify the budget by addressing the following items:

1. Provide a detailed budget narrative and justification that identifies the amount of funds and a description of the intended use of program operations and training and

technical assistance funds by object class category for Head Start and/or Early Head Start. Include any one-time costs, for any proposed conversion requests, if applicable.

2. Demonstrate the proposed budget supports all direct costs and indirect costs, if appropriate.
3. Demonstrate funds are budgeted to provide all required comprehensive Head Start and/or Early Head Start services to eligible children and families in a cost-effective manner as indicated in Section I, Program Design and Approach to Service Delivery.
4. If applicable, provide a detailed budget narrative for the planned use of any cost-of-living adjustment (COLA) increases included in the projected funding level for the budget period. Describe the plans to increase the hourly rate of pay for staff and the pay scale subject to the provisions of Sections 653 and 640(j) of the Head Start Act. Specify the other planned uses of the funds to offset higher operating costs. Demonstrate the COLA increase was provided to all delegate agencies or provide a justification if the full percentage is not provided to delegate agencies.
5. Describe the organization's financial and property management system and internal controls in place to maintain effective control of and accountability for grant funds, property and other assets.
6. Identify each source of non-federal share match, including the estimated amount per source and the valuation methodology. Demonstrate that the amounts and sources that will contribute to the required non-federal share match of the total project cost are allowable sources. Provide a detailed justification that conforms with the criteria under Section 640(b)(1)-(5) of the Head Start Act if the application proposes a waiver of any portion of the non-federal share match requirement.
7. Demonstrate the ability to meet the 15 percent limitation on funding and administrative (F & A) costs. Provide a detailed justification that meets the conditions of 45 C.F.R. 1301.32(g) if the applicant proposes a waiver of the limitation on development and administrative costs.
8. Discuss the source and amount of cash, donated goods and services, and other resources proposed such as United Way, State and/or local grant funds, etc. to support allowable non-federal match to the project, in addition to the federal funds requested.

9. Submit a cost allocation plan for any proposed costs to be shared between or among programs, including shared staff. Indirect cost must be included in the cost allocation plan unless the applicant has a negotiated indirect cost rate agreement or has adopted use of the 10% de minimis rate.
10. If applicable, in the application Documents folder in HSES for “Indirect Cost Rate Agreement,” upload a copy of the current or proposed negotiated indirect cost agreement between the agency and/or delegate agencies and the respective cognizant Federal agency. If using the 10% de minimis indirect cost rate, upload a copy of the policy or other written record indicating date upon which the rate was adopted.
11. Special Situation: Reduction. If applicable, describe the planned use of the funds to support requests for enrollment reductions and proposed budget savings, if any.
12. Special Situation: Conversion. If applicable, identify the amount of funds that will be re-allocated by object class category to convert from either part day to full-working day services or from Head Start to Early Head Start services. Explain the changes in each object class category.
13. Provide a detailed explanation and supporting documents for any proposed use of Head Start grant funds for the initial or ongoing purchase, construction and major renovation of facilities. Identify all proposed sources of funding for facilities activities. Submission of form SF-429 and relevant Attachments and compliance with application requirements in 45 C.F.R. Part 1309 will be required. No Head Start grant funds may be used toward the payment of acquisition, construction or major renovation of a facility without the express written approval of the Administration for Children and Families.
14. Provide explanation of the method of procurement to be used for any proposed equipment purchases over \$5,000.